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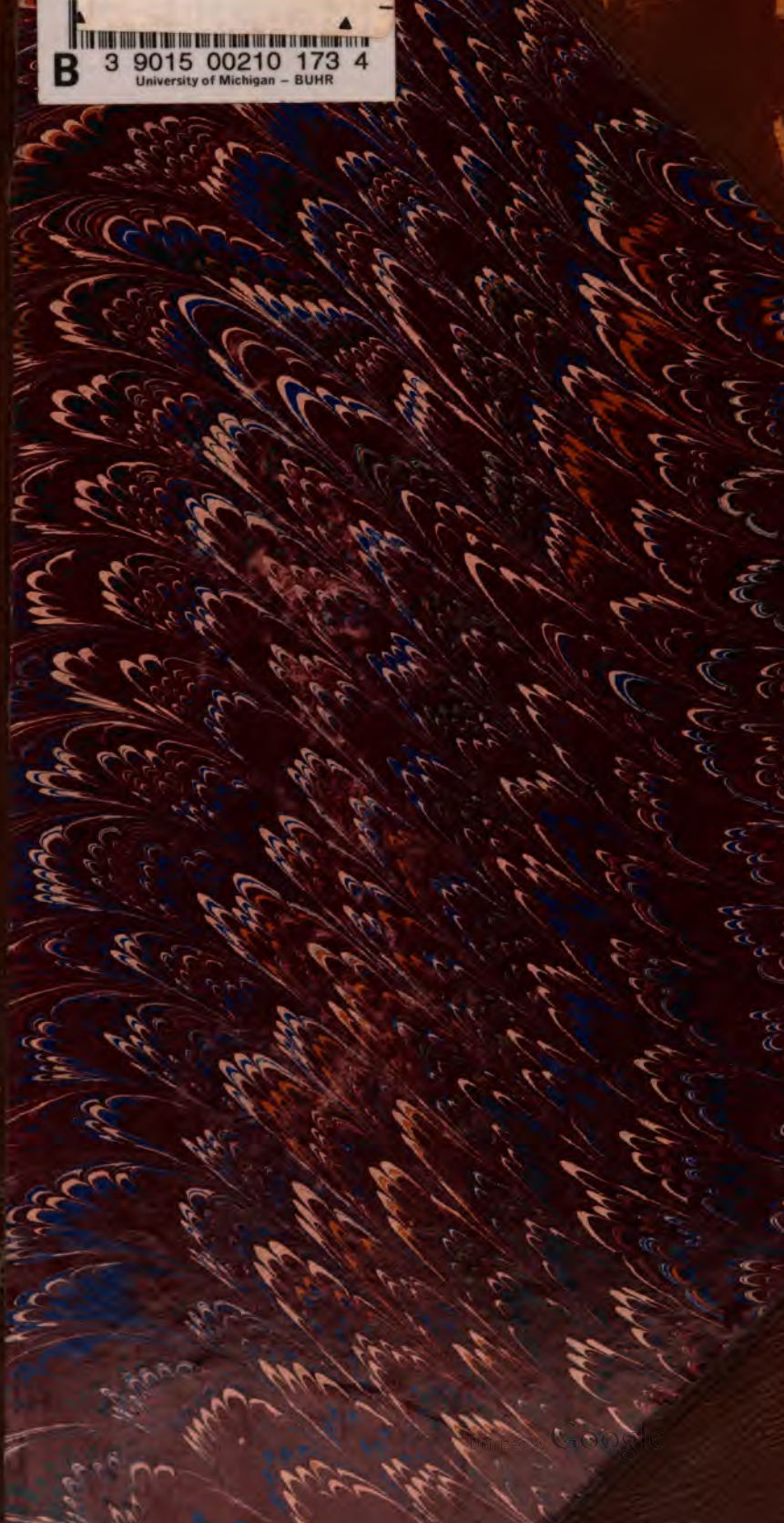
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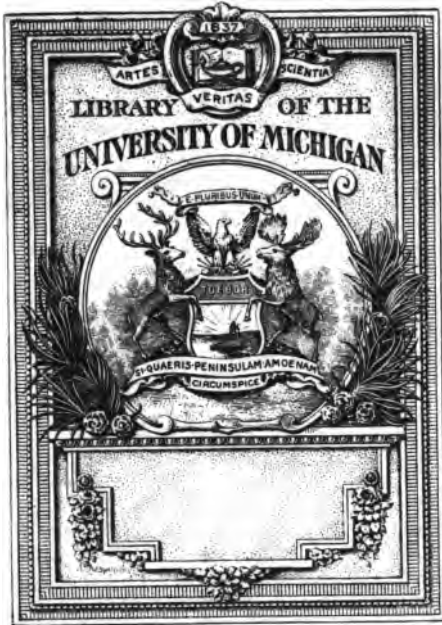
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MELANO-SARCOMA OF THE CHOROID—CASES.

By D. A. MACLACHLAN, M. D., Professor of Ophthalmology, Otology and Laryngology, Detroit Homeopathic College.

The choroid coat of the eye is subject to sarcomatous, tubercular, and carcinomatous neoplasms, but the former are by far the most numerous. Sarcoma of the choroid is unilateral as a rule. It originates in the larger blood vessels, is composed of round or spindle cells, and is usually pigmented (melano-sarcoma), although in a small percentage of cases the pigment is absent (leuco-sarcoma). The latter develops in the anterior portion of the uveal tract, and at a much earlier age than the melanotic, which is rarely observed under the age of forty. In the choroid it is almost always primary and destroys the eye. Because of its tendency to recur after removal, and to give rise to secondary growths in other parts of the body, it is always malignant, and unless removed very early results in death, soon or late.

Four well-defined stages mark the natural course of the disease.

First, or latent stage. Unless it begins at the macula, vision is disturbed little, if at all, while the tumor is small, and hence it is likely to escape notice. Even during this time, however, if the eye is examined by the ophthalmoscope, more or less detachment of the retina will be observed. As the tumor grows, the detachment enlarges, and

the corresponding defect in the visual field increases until the blindness is complete. Up to this time, the eye seems unchanged externally, but after a year or so a sudden increase of tension ushers in the

Second, or inflammatory stage. Pain and the other signs of sub-acute glaucoma accompany it, and from this on the suffering is constant, the eye is red and large veins mark the site of the tumor. As the neoplasm grows larger, the sclerotic bulges and after a time ruptures.

The Third, or extra-ocular stage, now begins, the tumor forming an ever-increasing, irregular, bluish mass outside the globe. The conjunctiva covers it for a time, but it, too, soon gives way, and an offensive discharge and hemorrhages come from the exposed, ulcerating surface of the tumor. With the giving way of the coats of the eyeball, the pain and tension lessen, of course, but the tumor grows all the more rapidly, and if the rupture was within the orbit, the eye is displaced forwards or sidewise, according to the location of the growth. The lymphatics are not involved, but the disease soon spreads to the lids and skin, and extends backwards through the optic foramen and the sphenoidal fissure to the brain.

The Fourth, or metastatic stage, is reached as soon as the parts surrounding the globe become involved, secondary growths develop in distant organs, in the liver most frequently, and death quickly follows from exhaustion or the overwhelming of some vital organ.

Diagnosis:—Fortunately the disease is very rare, occurring only about once in 3,000 cases of eye disease. Practically, there are only two kinds of intra-ocular tumors, sarcoma of the choroid, and, glioma of the retina, which is really sarcomatous since its origin is the neuroglia of the optic nerve. Glioma, however, appears only in childhood, previous to the twelfth year, while sarcoma of the choroid rarely occurs before forty.

From simple detachment of the retina, that of sarcoma should be known by its reddish-yellow color, the appearance of vessels beneath the retina, absence of wavy motion of the retina, and the fact that the simple form generally occurs in a myopic eye, or after a blow, and the tension is diminished.

From primary glaucoma, sarcoma of the choroid differs in having a defect in the visual field before inflammatory symptoms have appeared, absence of the premonitory symptoms and the remissions of glaucoma, and in its being confined to one eye only.

The following clinical case is illustrative of the first and second stages of the disease:

Mrs. G—; age, 45; American; married. Father died at 74; mother at 87 years. Has one brother and three sisters. One sister had a mammary tumor removed when 38 years of age; was then thought to have pulmonary tuberculosis, but symptoms disappeared after the operation on the breast.

Mrs. G— had always been vigorous and well, except for occasional menstrual or nervous headaches. July 15th, 1899, noticed that vision in the upper

half of the visual field of the eye was lost. An oculist was consulted who diagnosed simple detachment of the retina, and advised rest in bed. Another oculist concurred in the diagnosis, but thought the detachment and visual defect had come on gradually, though recognized suddenly. Patient remained in bed four weeks. (I was consulted by letter at the time as to the proposed treatment of rest in bed, and took occasion to urge the importance of a correct diagnosis and the possible need for operative measures.) The scotoma gradually increased, until in October following, only the extreme outer part of the field remained. By February, 1900, the eye had become stone blind, and the detachment complete. The condition continued without further symptoms until May 13th, 1900, when pain in the eye came on, growing worse during the night, and lessening gradually until relieved at noon next day, returning in the evening following, and keeping up this daily course, but not becoming severe.

Another oculist was consulted and, according to the patient, thought it "suspicious of sarcoma of the choroid," but advised her to "return home and if the trouble increased to come back for operation," adding that "he would guarantee that it would not return after removal."

Patient called upon me next day. The eye was then somewhat injected, the pupil slightly dilated and tension slightly plus. Pain moderate, but patient was evidently worried and nervous. A diagnosis of sarcoma was given, and immediate removal advised. She agreed to enter the hospital and have the operation done next morning. During the night, however, the pain in the eye became excruciating, so that even strong anodynes failed to give relief. I was not called during the night, but was told of the "terrible experience" in the morning, and asked to anticipate

the hour for the operation, as the patient could not longer endure the suffering. I found the condition greatly changed on seeing the patient. The eye as blood-shot and deeply injected, the conjunctiva and lids enormously swollen, the cornea hazy, the eye staring and stony hard, and the patient bore evidence of having suffered most intensely, as she was still doing.

Under anaesthesia, the eye was removed, together with most of the orbital tissues, the optic nerve being divided as far back as possible. The orbit was packed with bichloride gauze, which was removed partially on the second day, and entirely on the third day, after the operation. Under the usual surgical treatment the patient made a prompt and good recovery. In about four weeks an artificial eye was adjusted and wore nicely, notwithstanding the very thorough removal of the orbital tissues, and the patient allowed to return home.

On section of the eye, a rounded black tumor, about the size of a hazelnut, was found in the lower and outer part of the globe, having grown from the choroid. The retina was completely detached, appearing like a large black cord stretching from the posterior to the anterior of the eye.

The tumor was dense and hard in structure, and was sent, together with the other structures removed, to Prof. F. V. Horne, director of the pathological laboratory of the Detroit Homeopathic College, for examination.

His report announced it to be a "typical specimen of round-celled sarcoma," involving the vessels and tissues of the choroid and the other coats of the eye deeply, at the site of the growth, which confirmed the diagnosis and the necessity for early and complete

removal of the eye. He discovered no traces of the disease, however, in the tissues from outside the globe, which affords grounds for hope that the patient may escape a return of the disease. Everything seems to be all right as yet, with no signs of reappearance.

The only other case I have seen in my own practice came to me in the spring of '92, as I was about to start for Europe. The subject was a millwright, about 55 years of age. The disease was still in the first stage, attention having been called to it by the dilated pupil and disturbed vision. He had already consulted two specialists, one several months before and the other recently. The former had determined nothing, and the latter had fitted spectacles, but had failed to discover the growth and retinal detachment, which was in the inner and lower quadrant of the left eye, just behind the ciliary body, so as to easily escape notice. The age of the patient, the character of the visual defect and retinal detachment, the increased tension, and the steady development of the condition, left no doubt as to the diagnosis.

I advised enucleation, but he said he would await my return. I did not get track of the patient again on my return after several months, so do not know the outcome.

The importance of an early and positive diagnosis of such cases is very apparent, for otherwise no hope can be offered the patient. The choroid being the vascular coat of the eye, the disease is very quickly communicated to the neighboring tissues, and the nearness to the brain makes a comparatively early termination in death a certainty, unless it can be eradicated while it is still confined to the spot of origin.

PSEUDO SPINAL CURVATURE AND TREATMENT.

C. G. CRUMRINE, M. D., Professor Gynaecology, Detroit Homeopathic College.

This was a case referred to me by Doctor G—.

Miss A—; age, 14; white; American; not under size; fairly well nourished; family history good. At eleven (11) years of age she began to develop a nervous condition; previous to this she had been in a good physical and mental state, not having had the diseases of childhood.

This nervousness continued to grow worse each month, when her mother noticed that she was unsteady in her walk and apparently growing weak in her lower limbs; that within a very short time she was unable to stand upon her feet. She had menstruated but once, and that in her twelfth year; her symptoms indicated Paralysis, or Paraplegia, and in a short time this condition became aggravated and her spine distorted, and she ceased to converse with anyone.

When talking to her she would duck her head and it was impossible for us to lift it; she would cry out like an animal being hurt when anyone would try to straighten or lift her head.

She would not answer questions but would look at us sidewise and roll her eyes like a caged and treacherous animal. When she moved about the house she dragged herself, drawing her feet under her, the inner side of her shoes being worn through to her stockings.

Previous History:—When her illness became apparently serious her widowed mother was, unfortunately, in straitened circumstances, and called a city physician who, upon examination, diagnosed the case as one of aggravated spinal curvature and advised that the child be taken to the Children's

Free Hospital for treatment. This was done and she was placed in the hands of a paedologist and here she received treatment for a period of one month, according to the very latest methods for treating spinal curvature.

She seemed to steadily grow worse; the plaster cast and tension only aggravated her case, consequently, after a month's treatment she was returned to her home and Doctor G—, a nerve specialist, was called. He, after three months' careful study of her case, suspected some local irritation, which was aggravating her condition, and sent her to the Grace Hospital to be placed in my care.

When I first saw the case at the hospital, I certainly thought it to be one of spinal curvature and examined for an injury, but could get no history of such or an illness that could bring about such a condition. I had never seen a like case; however, I advised that the child be prepared for examination under anaesthesia for the next morning; and in a survey of the external genital organs I noticed a very conspicuous clitoris, with large hood adhered; the clitoris was about the size of the first phalanx of the little finger in length and thickness; I felt at once this might possibly be, primarily, an irritating cause that could lead to muscular spasm. Upon examining the uterus I found a little, pinched, contracted and aemic cervix with a vaginismus; no apparent irritation of the rectum; yet she had a history of constipation. With these abnormal conditions I decided to remove the irritation by making a complete amputation of the vulva.

With a tenaculum I drew the clitoris

as far out as possible from its bed, also the hood, and excised them close to the body; tied off the bleeding vessels and closed the wound.

I then dilated the urethra, vagina, uterus and rectum gently but completely. I curetted the uterus and packed it, as it was my desire to create a congestion or an imperative inflammation of the organ. Patient took the anaesthetic very nicely and recovered from same equally well. Next day the patient had a temperature of 99.6 with no apparent change in her general condition.

Second day she had normal temperature and showed signs of relaxing; her legs could be straightened while she was sleeping. The wound healed quickly and by first intention.

At the end of the third week she was noticed walking around her bed holding to the same in a stooped attitude; and from that on continued to slightly improve; about the sixth or seventh week she was sent home. During this period of improvement she tried to avoid being seen in exercise; she seemed to be bashful and ashamed to try to walk when anyone watched her; she had not been seen to stand or walk in two years or more.

This operation was performed in the spring and in July of the same year she

had entirely recovered; she seemed to grow better as the scar tissue absorbed (softened).

When I last called to see her at her home, her mother met me at the door and said that she was at work in the kitchen, working and walking normally, but when called upon to walk for me seemed bashful and crouched when she walked; this timidity soon disappeared. In July I saw her at Belle Isle Park; she was looking well, talking and walking as naturally as any one. Had had three normal menstrual periods up to that time.

Etiology:—Evidently in embryonic life, nature had about decided to make a male when later she changed her mind and made a female, and in so doing almost created an hermaphrodite.

This decidedly abnormal clitoris containing one bundle of nerves took on new life too rapidly and served as an irritant, disturbing the blood supply, creating a chronic congestion, thereby over-developing the sexual system.

After a number of years of nerve irritation the lack of harmony between the cerebro spinal and sympathetic nervous system had created a morbid sexual state accompanied with clonic spasm.

SOME OPERATIONS PERFORMED DURING SPINAL ANAESTHESIA BY HYDRO-CHLORATE OF COCAINE.

STEPHEN H. KNIGHT, A. M., M. D., Professor of Surgery, Detroit Homeopathic College.

These cases are reported, not because of any new or startling developments occurring during their development or treatment, but are put on record because at the present time the history of every case is valuable in order to add to the sum total of our knowledge of this particular method of anaesthesia.

The manner of administering the cocaine was the one usually employed, as follows:

The patient is in the sitting posture, both arms carried forward. The field of injection is thoroughly aseptitized. Locate the iliac crests. An imaginary line connecting these two crests passes

through the fourth lumbar vertebrae. by injecting beneath that line you penetrate the medullary canal.

As soon as you have located with the left index finger this spinous process, tell the patient to bend forward so as to make a big bag.

This bending forward causes a separation of 1.5 cm. between the vertebrae. Then it is always wise to tell the patient, "I am going to stick you with a needle; you will feel some pain, but do not move." Make the injection with the right hand. I insert the needle to the right of the vertebrae column, about 1 cm. from the line of the spinous process. The needle goes through the skin, through the subcutaneous cellular tissue, through the lumbar aponeurosis through the muscles of the sacro-lumbar region, and penetrates into the lamellar space, and at last penetrates into the spinal canal.

As soon as the needle is in the sub-arachnoid space it meets no resistance, and from it escapes a clear, yellow fluid. This fluid is the cerebro-spinal fluid, and escapes drop by drop.

The surgeon must never inject a solution of cocaine before he has seen the cerebro-spinal fluid escape through the needle. After he has seen this fluid escape through the needle, he attaches to the needle a syringe containing 1 c. c. (15 minims) of a 2 per cent solution of cocaine. The injection is made slowly; it should be completed in one minute.

The dose injected should not exceed 15 milligrams of cocaine. I have employed 2 per cent solution. The injection terminated, rapidly remove the needle and close the needle puncture with sterilized collodion. Note the precise minute at which the injection is terminated, and then wait.

The patient can be questioned as to the subjective sensation which he experiences.

After a certain lapse of time, which in our observations carried according to the subjects, from about four to eight or ten minutes, the patient would complain of a tingling sensation and numbness of the feet. This numbness extends to the legs. You can now begin to operate.

Gradually a sensation to pain and heat disappears. Contact sensation persists. Toward the last the motor system may be affected. From four to ten minutes after the injection analgesia is usually complete. Most often it extends to the thorax; occasionally to the axilla. It is not an approximate analgesia; it is complete; it is absolute, so much so that in a thigh amputation a patient asked to see how good a stump I was going to give him. In the course of the operation the patients, when questioned, would say that they felt only a sensation of contact.

Case No. 1. H. Koster, a German, barber, 25 years old, was sent to me by Dr. N. L. Sage, of Dundee, Mich. The right thigh was enormously enlarged from a growth, evidently a sarcoma. Last May or June he began to have pains in the thigh, which were variously diagnosed as sciatic, rheumatic, neuralgic, muscular, etc. In a short period, from six weeks to two months, the thigh began to swell and a pronounced growth appeared. In October an operation was performed by an old school surgeon and the growth removed. The wound healed readily, but before long the growth reappeared until at the time of his appearance in Detroit the thigh was three times its natural size. There seemed to be no alternative but amputation at the hip joint. Accordingly on December 27, 1900, by Wyeth's bloodless method, the leg was removed at the hip in Grace Hospital, before the class of the Detroit Homeopathic College. The method of anaesthesia de-

scribed above was used for the first time in the hospital. Thirty minims of the 2 per cent solution were used. On account of the weak condition of the patient and the shock that would necessarily follow the operation it was thought wise not to inject any more cocaine. The canal was easily found and at the end of fifteen minutes anaesthesia was complete, upon the sound side it being possible to thrust a needle completely into the left leg without any painful sensation. Upon the pathological side, below the knee, anaesthesia was complete, but over the growth and above it some sensitiveness remained in the skin. Accordingly a few whiffs of chloroform were given while cutting through the skin, after which it was discontinued. The patient suffered severely from shock, receiving injections of saline solution and strychnine during the operation. He rallied from the shock remarkably well, and on the third morning had a temperature of 99°. There were no unpleasant symptoms from the anaesthesia and very little vomiting. He was sent to his home early in February, cured.

The growth was a spindle shaped sarcoma and involved the femur for about half its length.

Case No. 2. Edward Coutare, age 36, was operated upon January 5, 1901, at Grace Hospital, and his history is taken from the hospital books:

Family history fairly good. Father died from rupture of blood vessel. Mother died of old age. One brother died at about 40 years, having had rheumatism of legs, followed by tuberculosis.

Patient is a carpenter by trade. For last two years has been in dairy business.

During early part of his life he enjoyed good health. Four years ago patient had typhoid fever, which left him

in weakened condition, very susceptible to catching colds.

Three years ago was taken with malarial fever, which lasted nearly four months. Two years ago he fell and sprained his ankle and knee, which left the leg weakened. Last winter he again injured his leg. Since that time it has gradually grown worse. The knee began gradually to swell, he became unable to use leg and the limb became painful, pains extending from knee to ankle.

On June 22, 1900, he was operated upon at St. Mary's Hospital, part of the knee joint being removed, and drainage established. One month later the leg was amputated at lower third of thigh.

During the latter part of the summer he began coughing, the cough being worse in the morning, and of a dry, hacking character.

After the leg was amputated the wound continued to discharge and the stump was so bad he asked for a re-amputation, which I consented to perform.

An injection of 28 minims of the 2 per cent cocaine was used. Numbness began in about two minutes and anaesthesia was complete in seven minutes. The patient felt no pain whatever during the operation. About eight inches of bone and the corresponding muscle and skin were removed. During the operation he asked to see the stump in order to criticise and compare with his former amputation. Very little shock attended the operation, and half an hour after he was joking with his associates in the ward.

Case 3. A. L., a boy of about 17, brought from Dowagiac, Mich., and operated upon in the College clinic. Two years ago he had a severe illness, typhoid fever. Not taking good care of himself, abscesses developed soon after, one of these persisted in the left

leg, involving the calf of the leg and producing some necrosis of the tibia, discharging constantly.

He was prepared for operation in the usual way, and 28 minims of the 2 per cent solution injected as above described into the spinal canal. Tingling began in about two minutes and anaesthesia was complete in seven minutes. The operation consisted in removing the dead bone, packing and draining the cavity, during all of which he was perfectly conscious, but felt no pain. He experienced some nausea and vomited once or twice while going under the anaesthesia, as did the other two cases, but there was complete control of the bowels, not present in the other

cases. In fact, the anaesthesia of the rectum renders the patient likely to evacuate the bowels unexpectedly, maybe to the discomfort of the operator, unless they have been thoroughly cleansed of fecal matter beforehand.

In the afternoon of the day of the operation the patient was slightly delirious and the temperature went up to 104°, the pulse reaching 126. The symptoms persisted for only a short time, and whether due to the anaesthetic, the absorption of iodoform from the iodoform gauze packing, or whether they were the result simply of opening the abscess, I am unable to say. The next morning the temperature was 99° and on the third day normal for all day.

THE PRACTICAL EXAMINATION OF URINE.

F. L. STRIKER, M. D., Grace Hospital, Detroit.

A working knowledge of urinalysis is of value to a physician in many ways. It aids him in making a diagnosis, or confirms a diagnosis about which he is in doubt. It also forms a good basis for his prognosis on certain cases. The course of a disease, and the results of the treatment can be carefully observed by a routine examination of the urine.

Life insurance companies and various like organizations demand an examination of the urine. The recompense derived from these examinations is considerable, and the physician ought to be able to make an analysis about which there is no doubt. The company depends upon your skill and demands an accurate analysis.

The purpose of this article is to give a few of the practical points in the ordinary examination of urine.

The physician's laboratory ought to be equipped with the following instruments and chemicals:

½ dozen glass stoppered bottles.

1 dozen ordinary four-ounce bottles.
A Bunsen burner or an alcohol lamp.
A Urinometer.
An Esbach's albuminometer.
A Doremus ureometer.
A small piece of platinum foil.
A 50 c. c. Burette.
White filter paper.
A few glass rods; also glass tubing.
A good microscope, with a magnifying power of from three to five hundred diameters.

REAGENTS.

Red and blue litmus paper.
Nitric acid.
Acetic acid.
Hydrochloric acid. Sulphuric acid.
Picric acid, a saturated solution.
Tincture of Guaiac.
Hydrogen peroxide.
Bromine.
Solution of caustic potash, ten per cent.

Solution of sodium hydrate, ten per cent.

Ammonium hydrate, ten per cent.

Solution of silver nitrate, twelve per cent.

FEHLING'S SOLUTION.

Solution A.—

Cupric sulphate, 34.64 grammes.

Water Q. S., 500 c. c.

Solution B.—

Potassium sodium tartrate, 173 gms

Potassium hydroxide, 125 gms

Water Q. S., 500 c. c.

Use equal parts A. and B.

Urine is both excreted and secreted by the kidneys, and consists of certain solid substances in a watery solution. These substances are separated from the blood, their energy having been used up in supplying nutrition to the animal economy.

Any failure on the part of the kidneys to perform their function would result in the retention of irritating substances which exert a deleterious influence on the blood, the circulation, the nervous system, and the general health.

In making an examination of the urine there are three methods, namely, the physical, the chemical and the microscopical. In all these methods a knowledge of the properties of normal urine is of the highest importance.

In the physical examination of the urine we consider the quantity passed, the color, the aspect, the odor, the sediment, the reaction and the specific gravity.

Quantity: The normal amount of urine passed in twenty-four hours is about forty ounces, or three pints, but this may vary from thirty to sixty ounces. In order to measure the exact quantity of urine passed in twenty-four hours the bladder is emptied at a fixed hour, and all the urine passed up to that hour the next day is collected in one vessel and measured. This vessel should

be clean and free from all foreign matter.

The quantity of urine is increased normally in drinking large quantities of liquids, by a diminished activity of the skin, and the use of diuretics.

Pathologically, it is increased in diabetes insipidus, and diabetes mellitus, during convulsive attacks; hysteria; cardiac hypertrophy; chronic interstitial nephritis; pyelitis, and in the convalescence from acute diseases.

It is diminished in quantity normally by drinking small quantities of liquids, hyper secretion of the skin, and by rest. Pathologically, it is diminished in acute febrile diseases, acute and chronic forms of parenchymatous nephritis, early stages of dropsies, in diarrhoea, and in congestion of the kidneys.

Color: It varies from a pale yellow to a reddish yellow, normally. A light colored urine shows an absence of fever, while a dark colored urine would not only denote a fever, but might signify a variety of affections. Reddish brown or smoky urine points to blood or an excess of indican. Green or brownish green urine would indicate bile. A number of drugs also impart colors to the urine. Rhubarb, senna and santonin make it intensely yellow, or a greenish or a brownish yellow.

Aspect: Normal urine when first passed is always clear and shows on standing a slight cloudiness due to nature's lubricant, mucus. Urine may be turbid or opaque, due to precipitated earthy phosphates, suspended acid urates, pus, blood and chylous matter. Earthy phosphates are dissolved by acetic acid, and the phosphates are dissipated by heat.

Odor: Normal urine has a peculiar characteristic, slightly aromatic odor, usually termed urinous. Alkaline urine has a foetid ammoniacal odor. Various foods and drugs also impart an odor to the urine. Turpentine gives an odor of

Albumin is found in the blood and various other fluids of the body, but its constant presence in the urine is pathological. It is found in acute and chronic diseases of the kidney, acute infectious diseases, and in obstructed venous circulation, either general or local.

It must be remembered that pus and blood also contain albumin. In testing for albumin the urine should be carefully filtered until clear. In a test tube boil a small quantity of the urine. A cloudiness is either due to precipitated phosphates or albumin. The phosphates are dissolved by the addition of a few drops of acetic acid, but the albumin is insoluble.

Heller's Test for Albumin: Place a small quantity of nitric acid in a test tube, and add the urine carefully, drop by drop, so as to form two layers. Between the two layers a zone is formed.

A light brown zone—normal urine.

A dark brown zone—an excess of urinary pigments.

A faint white zone—1-10 to 1-4 per cent albumin.

A distinct white zone— $\frac{1}{4}$ to $\frac{1}{2}$ per cent albumin.

A precipitation of lumps— $\frac{1}{2}$ to 2 per cent albumin.

A reddish zone—blood.

A bright green zone—biliary matter.

Albumin is also precipitated by a saturated solution of picric acid.

Quantitative Test: This is made by means of the Esbach's albuminometer. This consists of precipitating the albumin by means of a solution of picric acid in a graduated tube.

It is also estimated by precipitating the albumin by boiling and weighing the dried precipitate.

SUGAR.

C H O
6 12 6

Glucose or grape sugar in the urine indicates that there is an excess of sugar in the blood. It is found in diabetes

mellitis and also in certain lesions of the nervous system.

Qualitative Test: The qualitative test is made by means of the Fehling solution. Equal parts of A and B are mixed together, and boiled in a test tube. To this solution add an equal quantity of urine and boil. If sugar is present a reddish brown precipitate of copper suboxide is thrown down.

Quantitative Test: A burette is filled with urine, one part, and nine parts of water. In another vessel ten c. c. Fehling solution is kept boiling and the urine is allowed to drop from the burette, drop by drop, until all the copper solution is reduced. Five centigrammes of sugar will reduce ten c. c. of Fehling solution. By this means the quantity of sugar can be determined.

BILE.

When bile is present in the blood, it is excreted by the kidneys. It imparts an olive green tint to the urine. It is found in jaundice and many of the diseases of the liver.

Test: Gmelin's test—A drop of urine is placed on a white porcelain surface, and near by a drop of fuming nitric acid. At the point of contact of the urine and the nitric acid a play of colors appear, commencing with green and blue, changing rapidly to a violet and red, and finally yellow or brown.

BLOOD APPEARANCES IN THE URINE.

After injury to any part of the genito-urinary tract, in acute congestion and inflammation of the kidneys, blood occurs as a result of poisoning by carbolic acid, acute infectious diseases and hemophilia. Blood cells may be present or only their coloring matter in solution.

Test: The best test is by means of the spectroscope. It produces two characteristic absorptive bands in the yellow and green between the lines D and E.

The guaicum test consists in adding a few drops of hydrogen peroxide and a drop of tincture guaicum to a little of the urine in a test tube. Blood is indicated by a blue color.

Haemin crystals may also be formed, upon the addition of a grain of salt and a drop of glacial acetic acid.

SEDIMENT.

Normal urine is clear when just passed, but on standing a few hours a faint cloud of mucus may be seen floating near the bottom. On standing several hours a process of acid fermentation takes place. The urine becomes more acid and a reddish precipitate of amorphous urates is thrown down. Following this the urine becomes gradually alkaline by the decomposition of the urea. In this state the phosphates are precipitated. In order to get the sediment the urine may be filtered, and the contents of the filter examined, or it may be allowed to stand in a conical vessel, or may be thrown down by the use of a machine known as a centrifuge.

Sediments are classified as organized or not organized. A drop of the urine containing the sediment is placed upon a microscopic slide and examined under the microscope.

Organized: Epithelium from any part of the genito-urinary tract may be found. Squamous epithelium from the bladder or the vagina is the usual form found.

Mucus is a normal constituent and appears as a small round cell, which shows on the addition of acetic acid, a single nucleus.

Pus occurs in the urine as small round cells, which upon the addition of acetic acid shows several nuclei to each cell. These cells are formed into a gelatinous mass by the addition of a strong solution of potassium hydrate.

Blood appears as by concave disks.

Casts consist of molds of the urini-

ferous tubules, and are of the highest pathological significance. They invariably indicate a diseased condition of the kidney. There are various forms of casts. First, the hyaline, which are transparent and structureless cylinders; second, the granular as the name indicates; third, the epithelial, which consist of degenerated tubular epithelium; fourth, the waxy, which are of a yellowish color and highly refractive; fifth, those made up of blood or fat globules.

Non-Organized: Those found in acid urine may be amorphous or crystalline. The amorphous are the urates of sodium and potassium, and fat globules.

The crystalline sediment.

Uric acid consists of yellowish, red crystals of various forms. They may be distinguished by adding a drop of potassium hydrate, and then re-acidulating with a little hydrochloric acid.

Calcium oxalate appears usually as an octahedral body which strongly refracts light, but it may also appear in the shape of a dumb bell crystal.

Cystine and tyrosine crystals may also be found, but are rare.

In alkaline urine the non-organized deposit may be either crystalline or amorphous. The amorphous deposits consist of calcium phosphate, or calcium carbonate. The calcium carbonate is distinguished by adding a few drops of a dilute acid, which causes an effervescence by the evolution of carbonic acid gas.

The crystalline elements consist:

Ammonium urate, which forms chestnut-burr-like crystal.

Ammonium magnesium phosphate or triple phosphates, consist of triangular prisms with beveled edges.

Calcium phosphate and magnesium phosphate are also found.

Many other substances may be found in the urine, but the ones mentioned are the most common.

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Editorial.

THE DEVELOPMENT OF ABDOMINAL HYSTERECTOMY IN AMERICA.

It is a fact worthy of note that the first successful hysterectomy was performed in America. Burnham, of Lowell, in 1853, operated for supposed ovarian tumor. He performed a successful hysterectomy. Kimball, of Lowell, in 1853, performed a hysterectomy and was successful. All operations abroad had been fatal. Method used like McDowell's. A pedicle was made of cervix uteri and broad ligaments; they were transfixed and tied with interlocking sutures of silk and ends of sutures brought out at the lower angle of the abdominal wound, served as drainage. Burnham did six with four recoveries; Kimball nine with three recoveries. Not even cleanliness was then considered a part of surgery, and these were all bad cases. Foreign figures showed a mortality of 70 to 85

per cent. Small wonder then that removal of the ovaries, electricity and injections of ergot were substituted for hysterectomy. Meanwhile surgical cleanliness and the placing of the patient in the elevated position known as Trendelenburg was used in New York. The use of absorbable sutures encouraged various devices for intra abdominal stumps. In 1882 Marcy used caribou tendon pedicle sutures with cobbler stitch and rubber sheeting like dental, and a continuous chain of sutures from ovarian artery to ovarian artery, giving the best form then perfected of the intra peritoneal stump.

It was, however, along the line of the extra peritoneal fixation of the pedicle that most were working. It was good when a good pedicle could be secured, but led to sepsis. It has

now been abandoned. Meanwhile Eastman, of Indianapolis, was working for and intra-abdominal pedicle.

The extra peritoneal method was popularized in the homeopathic school by Prof. Helmuth, who performed the first successful abdominal hysterectomy among the homeopaths. Prof. Helmuth's method was first an abdominal incision of sufficient length to deliver the tumor, then after transfixing the neck of the tumor with pins, to constrict it with a rubber ligature. The tumor was then amputated and the pedicle left behind made as small as possible. The abdominal incision was closed around the pedicle, the pins, rubber ligature and pedicle above the constriction being extra peritoneal. The pedicle sloughed above the ligature. It was our good fortune to assist Prof. Helmuth in the first hysterectomy so performed and his success with that method was remarkable.

In 1889 a procedure was adopted by Dr. Lewis A. Stimson, of New York, that of ligating the uterine arteries in their continuity. Stimson placed a ligature upon the ovarian arteries and the outer extremities of the broad ligaments, and thereafter dissecting up the peritoneum anteriorly and posteriorly the uterine artery was tied. The cervix could then be easily dissected out or cut across at the vaginal junction.

Though the operation of Stimson did not at once cause all surgeons to abandon the extra peritoneal operation,

for the last few years all abdominal hysterectomies have been performed according to some modification of that principle of arterial ligation.

At present abdominal hysterectomy follows closely the following method: The abdominal incision is made in the usual way, plenty of room being allowed for the delivery of the tumor outside of the abdomen. Ligature of one ovarian artery, preferably the left if it can be easily reached, always the easier one at the side of the pelvis.

Ligate the round ligament and then open the broad ligaments between. Incise the peritoneum from one round ligament to the other and push off bladder. Now the uterine artery will be found down in the bottom of wound. Catch with forceps and tie between. One can now amputate at the vaginal junction. Make a cup-shaped cavity, pull up the uterus and find other uterine artery, ligate well up on the side of uterus, dissect up to round ligament, clamp and cut and then tie the ovarian artery. The tumor is now free. Proceed to ligate the points held by the forceps. The cup-shaped stump, of course, is brought together with sutures and the anterior and posterior edge of cut peritoneum sewn up with catgut. A male pelvis it now resembles, with only bladder and rectum. No drainage in this case is necessary. If we desire total excision continue separating the vagina from the cervix, ligating as you go.

THE NEW STATE BOARD OF REGISTRATION.

Gov. Bliss has appointed a new Board of Registration in Medicine. The appointments made by Gov. Pingree were ad interim and having failed of confirmation by the Senate, the way was left open for the new governor. The board is as follows:

Jos. B. Griswold, Grand Rapids, Regular school; Geo. E. Ranney, Lansing, Regular school; Walter H. Sawyer, Hillsdale, Regular school, all new members; Austin W. Alvord, Battle Creek, Regular school; Henry B. Landon, Bay City, Regular school, new

member; Jos. H. Cowell, Saginaw, Homeopathic school, term ends 1901, new member; Albert Lodge, Detroit, Homeopathic school, term ends 1903; Wm. Bell, Belding, Eclectic school, term ends 1901; Henry C. Maynard, Hartford, Eclectic school, term ends 1903, new member; John Kost, Adrian, Psycho-Medical, term ends 1901.

They say death loves a shining mark. Gov. Bliss certainly picked out distinguished members of the board for slaughter, both President M. C. Sinclair, Homeopath, of Grand Rapids, and Secretary Harrison, Allopath, of Sault Ste. Marie, failing of reappointment. Both of these gentlemen worked enthusiastically for the success of the board, and we regret that they are no longer to serve. President Sinclair was a good Homeopath, a fair-minded man and an ideal gentleman. Secretary Harrison was equally well liked by the

Allopaths. Dr. Joseph Cowell, of Saginaw, who takes Dr. Sinclair's place, is well known to the Homeopaths of the State, having been in practice thirty years. He is a graduate of University of Michigan and one of the faithful members of the American Institute. What we have said of President Sinclair will apply equally well to Dr. Cowell. Dr. Cowell has been one of the censors of the Detroit Homeopathic College, and he now resigns this position to accept the new appointment. We wish him good luck.

The new board is likely to have much difficult work before it. The unworthy and irregular practitioners who were refused a license by the old board are determined to break down, if possible, the Chandler law, and are banded together for the purpose. The new board must see to it that the law is upheld, if possible.

Colleges and Institutions.

Items of Interest for the Department Solicited from all Homeopathic Colleges and Institutions.

Dr. Joseph Cowell, recently appointed by Gov. Bliss upon the State Board of Registration has resigned as censor of the Detroit Homeopathic College.

Dr. Edward Folsom, health officer, Mt. Clemens, has commenced a course upon sanitary science before the students of the Detroit Homeopathic College.

Hering Medical College has a new hospital. They have turned the lower story of the college building into wards and already have it as full as it will hold.

Dr. D. M. Nottingham, Lansing, has been delivering a course of lectures upon gynaecology to the students of the Detroit Homeopathic College. Dr. Nottingham's lectures have been a very

successful addition to the course in gynaecology at the college and the students are highly pleased with them.

Brookline has a new, up-to-date contagious ambulance. Lightness in running, rubber tires, leather cushions, rounded corners allowing for easy, complete cleansing, and an arrangement for putting a stretcher for a child over that employed for adults, are among the features of the new vehicle.

The will of John James McNally, of Ann Arbor, has been filed in probate court. His estate consists of his clothes and a policy in the Northwestern Mutual Life Insurance Co., of Milwaukee, for the sum of \$240, less some \$75 and interest. The balance after his debts are paid he bequeathes to "The Uni-

versity of Michigan for the use and benefit of the Homeopathic hospital belonging to said university."

Report of Grace Hospital.

The report of Grace Hospital, Detroit, for the last twelve months ending December 21, 1900, has been made public.

There were remaining in the hospital on December 31, 1899, 73 patients. There were admitted during the year 982 patients; the whole number treated was 1,055. The average length of treatment of each patient was 18.66 days, and the average number under treatment each day was 53.96.

Total days' maintenance was 53,291; of this number 19,694 were furnished to patients. The cost of maintenance per patient per day was \$2.358; the cost of maintenance per person per day was \$0.871; the cost of uncooked food per person per day was \$0.2347; meals furnished 159,873.

In the Dispensary were treated 1,070 new cases and total dispensary visits were 3,337; prescriptions 2,174.

The ambulance made 703 runs.

The expenses of the Training School were \$5,111; earnings, \$3,415.56.

Total expenses, \$46,443.35; total earnings, \$26,589.15.

Some of the expenses were as follows: Provisions, \$13,037.41; pharmacy and surgical dressings, \$4,438.62; repairs, \$1,146.86; fuel and light, \$5,-

454.20; housekeeping, \$6,406.78; training school, \$5,111.00; superintendence, \$3,353.60; interest, \$2,070.00.

Earnings: From ambulance, \$96.50; paying patients, \$21,208.56; city and county patients, \$334.07; extra board, \$445.82; discount earnings, \$35.40; hospital nursing, \$325; Training School, \$3,415.56; college students' fees, \$375; operating room, \$121.60; Nurses' Home rent, \$231.64; total, \$26,589.15.

Patients were divided as follows: Medical, 334; surgical, 403; gynaecological, 264; obstetrical, 44; ophthalmic, 10; 923 operations were performed.

Number of deaths, 64.

Percentage of deaths, 6.06 per cent.

Percentage of deaths, deducting 18 moribund cases, dying within 48 hours of admission, 4.36 per cent.

Percentage of deaths, deducting 24 moribund cases, dying within 72 hours of admission, 3.79 per cent.

There are now 36 nurses in the Training School.

Lady Maccabees Endow a Bed in Grace Hospital.

The Supreme Hive of Lady Maccabees have voted five thousand dollars (\$5,000) to endow a Maccabee bed in Grace Hospital. After examining all the available hospitals in the State of Michigan, Grace Hospital was chosen by the committee as the most satisfactory. Exercises in connection with the formal dedication of the bed will be held early in February.

COMMUNICATIONS.

Grand Rapids, Mich., Jan., 1901.

Dear Doctor:

You will understand by the enclosed petition our many reasons for making an appeal to the medical profession of this state, and we respectfully solicit your name as favoring the move.

This step we trust will enable us to

amend the Chandler Medical Act of 1899, so that all physicians registered under act number 167 of 1883, can be legally registered, notwithstanding the fact that only about one-fifth of the physicians practicing medicine in Michigan are legally registered now, as only those who were registered between

Sept. 7th and Dec. 8th, 1883, were legally registered under the old law. All who made application for registration after Dec. 8, 1883, according to the opinion of the best attorneys, were not legally registered, from the fact that there was no provision in the above act whereby a physician could register after that date.

Therefore, the only way physicians who registered after Dec. 8, 1883, could become legally registered under the present law, would be under section 3, sub-division 3, by passing an examination and paying a fee of \$10, or under section 3, sub-division 5, by paying a fee of \$10. And even though four-fifths of the physicians are registered under section 3, sub-division 1, of the Chandler Medical Act of 1899, it counts them nothing. Section 3, sub-division 1, states, that the applicant shall present sufficient proof of his having already been legally registered, under act number 167 of 1883, etc. This cannot be done, therefore they are just as liable to arrest as those who are not registered at all.

Looking at the situation in this light; backed by the opinion of about fifty of the best constitutional attorneys in the state, including judges of the Supreme Court, that if said law ever goes before the Supreme Court of the United States, it will surely go to pieces. Having a knowledge of all this, we do not think it wise or prudent to open up Michigan once more as a dumping ground for quacks. Our remedy is the enclosed petition to the Legislature, asking for an amendment to the Chandler Medical Act, which would legalize all registrations under act number 167 of 1883, as amended in 1887.

Therefore we ask you to sign the enclosed petition, and have as many of your friends sign it as possible, and return it to us within five days, so that we can present it to the Legislature

and ask for an amendment to the Chandler Act, number 237 of 1899.

We also request you to write a personal letter to your representatives, urging them to vote for this amendment. Hoping you will act promptly, I remain,

Very respectfully yours,

F. W. BUCK, M. D.,

Sec. Mich. Association of Physicians and Surgeons.

P. S.—As you can readily see, it costs considerable to have this matter printed and mailed to all the physicians in the state, and properly presented to the Legislature, any sum you may wish to donate for this purpose will be thankfully received.

The above circular was sent, presumably, to all physicians in the State of Michigan and is one of the many means used by irregular practitioners to try and break down the present medical law. Buck was one of the graduates of the Independent Medical College to whom the State Board refused a license. Hence his desire to register all physicians. We warn our readers against the petition.

The Goat Lymph Cure.

A WESTERN DRUMMER'S EXAGGERATED TESTIMONIAL.

Dear Doctor Norbury:

You will be surprised to hear from me, I know. But I cannot keep still, I am so joyous over my recovery from an illness that threatened my life. For ten years I have been an invalid, suffering from that tired feeling which prohibits one from getting up to make the fire in the morning, or toting the baby at night. I had a pain in my chest, also in my dress-suit case; a horrible, creepy feeling at times, as if an artificial ice-machine and a graphophone were playing rag-time up my spinal column. I had a Royal Blue taste in my mouth and an Aguinaldo pain below the name-plate

on my shirt. I had sixteen Roetgen ray photographs taken of this region, trying to find the pain, but all to no effect. It was here to-day and there to-morrow. My complexion varied with the rise and fall of my gallbladder. (You know I am a traveling salesman.)

I was in a horrible state, when one day I met a friend, a former light-house keeper from the dome of our family hotel, who had trouble with his lights and kidneys. He said he was given up, and the sculptor had been ordered to take his death-mask, when he was induced to try the Roberts-Hawley Lymph Cure. The effects were marvelous in his case; he no longer had to wear glasses; a new seat appeared in his pants; his artificial teeth changed to a natural color; he could talk French, something he had never been able to do before in his life; and in short, he was a new man.

By reason of this marvelous change in my friend, I went up to Chicago to see these people. I registered at the Great Northern, and asked to be directed to the great sanitarium where people were being cured of ailments. "Oh, you want to see Joe Hawley" (he said Joe with a familiarity, just as easy as if Joe was a police officer on Cabanne). He directed me to Joe's office. I recognized Joe's office, just as you do the fish stalls in Fulton market, by the odor. It had kind of a billy-goat, down-neath-the-ground-wine-cellar-and-cobwebs - combined odor. Joe was glad to see me, and at once commenced to tell me of the 4768 cases just like mine on record in his office, 4782 of whom had been cured after some very high authorities (13 to 27th stories of the Columbus Memorial, Reliance and Venetian Buildings) had given them up. He even showed statistics from Bulletin No. 66804 (one issued every half hour, as returns came in from all over the world) that my disease was being cured even

before it came into existence, and said that all children born of parents treated by them would be immune, so would their children and their children's children even unto the end of time. Amen. I asked what was my disease. He remarked, oh, I never thought to examine you, pardon me: we are so accustomed to shooting the harpoon into all alike, that such a trivial thing as a diagnosis is apt to slip my mind. But I was diagnosed, my measure was taken for a billy-goat extract, and I was asked to step into a back room, where, as the band played "Hot Time in the Old Town To-night," I was harpooned on the starboard just aft of my liver. I was then kneaded like you handle hard-tack dough—but at once, like Longfellow's Ship of State, I commenced to feel new life along my keel. Holy smoke, but I was a ringer, I made a quarter in less than 26, reached the half in 54, and was on the home-stretch 1.20 and scored in 1.40, breaking all previous records for a two-year-old billy-goat.

How is that? But as to my health, well, I never saw anything like it; why I have an appetite that craves "de paper on de bill boards," I eat tomato cans with a relish, and even tackle the garden hose for dessert. I would make an Alpine guide look silly by my ability to scale a house-top. You should see me, why I have a smile "just like Teddy," only I have whiskers on it; my voice has a peculiar clarionet tone, tremolo pianissimo soft pedal, but (that word butt comes so easy) I am well. Yes, I am a regular 1400-barrell well. Full, overflowing, and shouting the praises of Roberts-Hawley. I am to be photographed this afternoon for my "after taking" picture. Say, but I look like Croker, feel like a small boy with a new pop-gun, and am coming home next month to vote for McKinley, Bryan and Debs.

Good bye, bye.—Laughing Bill Russeller, in Medical Fortnightly.

1844—American Institute of Homeopathy.—1901.

PRESIDENT'S GREETING.

Fellow Members:—With the dawn of the Twentieth Century the American Institute of Homeopathy enters upon the fifty-seventh year of its existence. During the last half of the Nineteenth Century this society has been the bulwark of homeopathy. It has by its existence and work given to every homeopathic physician the standing that he holds to-day before the public. As the officially recognized organization of the homeopathic school, it has secured privileges, protected the rights and raised the standing of every homeopathic physician in the land, whether a member of this society or not.

Neither time nor space will permit of even a brief mention of the many important results brought about through the instrumentality of this association. Its latest and most brilliant achievement, the unveiling of that grand monument to Hahnemann last June, will result in greater advancement to our school of medicine than any one thing that has occurred in the history of homeopathy. Every citizen of this country, or of the world, who visits Washington and sees in one of its finest localities that imposing monument erected by the followers of the humble porcelain painter's son will inquire, Who was Samuel Hahnemann and what is homeopathy?

The history of the American Institute is the history of homeopathy in this country. During the first twenty-five years of our organization the members of this society were subjected to the most bitter professional ostracism, and, in many instances, personal insults from the dominant school of medicine. In spite of the strongest opposition homeopathy, largely through the agency of this society, has grown in both numbers and influence; and, although for the last

quarter of a century, open warfare has ceased, our progress has been steadily onward and upward. The work of this society has ever been for the best interests of the whole homeopathic profession, but how has the profession repaid this interest in their welfare? The answer to this question may be found in the fact that less than one-fifth of the men and women of this country practicing medicine under the banner of *similia* are members of this society.

Every one must acknowledge that homeopathy during the last fifty years, has made most wonderful strides forward. If such results as have been accomplished in this time can be secured by the work of but one-fifth of our numbers who can foretell what vast results would be accomplished by the combined work of the entire homeopathic profession? It seems passing strange that every physician does not appreciate the actual value and advantage that an affiliation with our organization would secure to him; or that he does not realize the duty which he owes both to himself and his profession to support, in every way possible, our homeopathic organizations. It is, furthermore, the duty of every member of our institute to encourage and strengthen our society in every practical way. Let each one, then, by personal effort with one or more of his friends, who are not at present members of the institute, seek to convince them of the advantages of such membership and secure their application for the ensuing year. If every one will do this and do it to-day, we will double our membership, and greatly increase the influence and the work of our association. Let us, then, commence the new century with a greater increase of new members than ever before and with greater love and enthusiasm for the grandest of all medical organizations—The American Institute of Homeopathy.

With the next session of the institute the new plan of sectional work will be inaugurated which, we believe, will serve to awaken fresh interest in, and add value to, our scientific work. Let me thus early call your attention to the plan with the hope that you may now decide not to miss the next meeting, and to begin at once to arrange your work so as to be with us next June.

The schedule adopted last year provides for a four days' session, commencing at 4 p. m. on Tuesday and closing at noon on the following Saturday. All the general business of the institute will be transacted from 9:30 to 11 a. m. daily. From 11 a. m. to 1 p. m. and from 2:30 to 4 p. m. daily there will be one general session of the whole institute at which every section will be given an uninterrupted session of one hour, or one and one-half hours, for its report before the whole membership of the society. From four to six daily, three different sections (those of the same groups below) will hold meetings at the same time. The nine sections have been arranged in the three following groups so as to cause the least possible conflict of allied subjects, viz:

Group 1.—Materia Medica, Obstetrics, Ophthalmology, Otology and Laryngology.

Group 2.—Clinical Medicine, Neurology and Electro-Therapeutics, Gynecology.

Group 3.—Sanitary Science and Public Health, Surgery, Pedology.

As the suggested order of each day's work we will take Wednesday, when the first group reports. From 9:30 to 11 the institute will be in business session. Promptly at 11 o'clock the sections on Ophthalmology, Otology and Laryngology will present two papers upon subjects of interest to every physician. At twelve o'clock the section on Obstetrics will present two papers of general interest to all. Lunch from 1 to 2:30. At 2:30 the whole institute will

again convene in general session when the section of *Materia Medica* will report. Promptly at four o'clock, the general session will adjourn, and these three sections divide up and hold sectional meetings.

By this arrangement every section will be given one uninterrupted session before the whole membership of the institute, and each section hold one additional sectional meeting on the same day and at the same time while the other sections in their group, are holding sectional meetings. By this schedule every section will hold its general and sectional meetings on the same day, instead of, as in the past, and has frequently occurred, after intervals of two or more days between their general and sectional meetings. Each section is given one hour, or one hour and a half for its general session before the whole institute, and two hours additional for sectional work. The plan adopted provides a schedule for three successive years which gives, in the three years, to each section exactly the same hours and the same total number of hours as every other section. In other words, no preference will be given or favoritism shown to one section over another in either time or days in which to report.

This schedule offers to every member the privilege of attending ten and one-half hours each year in general scientific sessions, and six hours additional to attend the sectional meetings of branches in which he is especially interested. By this arrangement also the evenings will be kept free for rest and recreation.

The plan adopted further provides that the chairman of each section selects for the general session not more than three topics (or papers) which shall be not only timely, but also practical and of general interest to the largest number of the institute's members.

ship; and that the preparation of these papers be committed to those members who, in his judgment, are best qualified to make them of general interest to all. Copies of these papers shall be sent to the chairman at least thirty days prior to the meeting and by him sent to two other members, preferably a specialist upon the subject, and a general practitioner, who shall prepare opening discussions in advance—the papers then to be open to general discussion. All the other papers presented to each section to be read at the sectional meeting.

By this method it is believed we shall draw out each year two or three well prepared papers upon timely subjects in each section, with a thorough general discussion of the same from both the standpoint of the specialist and of the general practitioner.

We are pleased to announce that the chairmen of all the various sections are working earnestly to carry out the will of the institute as outlined above. Nearly all of them have already selected the subjects for the general sessions and also the members to prepare the papers. We can promise to every member that these general sessions will be so extremely interesting and profitable that no one can afford to be absent from a single session.

It is hoped to make the feature of this year's meeting of the institute its unusually interesting scientific sessions. To this end all outside attractions, such as excursions, trolley rides, etc., during the day will be disapproved of by the executive committee. As the evenings, however, will be kept free from all work, and believing fully in the social side of our annual gatherings, we can promise an unusually pleasant programme for each evening's recreation and entertainment.

On looking backward at the trials, struggles and victories of the past, we find that at no time since the promulga-

tion of the law of Similia, has homeopathy been so strong and stood on so high a plane as to-day. The future of our cause is brighter than ever before. The world recognizes what homeopathy has done and what homeopathy is. Its record in the twentieth century will be precisely what you make it, and with this, our New Year's greeting, we appeal to one and all to assist in making the fifty-seventh annual session of our grand old institute the greatest and best ever held, that, with the birth of the new century, the star of homeopathy shall rise higher than ever before.

A. B. NORTON, M. D.,

President.

EUGENE H. PORTER, M. D.,

Secretary.

New York City, Jan. 1, 1901.

A Dissection of Some Anti-Toxin Statistics.

The inclusion by the culture method of diagnosis of many cases as diphtheria, which formerly were not regarded as being diphtheritic, vitiates the present statistics for the purpose of comparison with results in the past, when bacteriology had not yet become so self-assertive. That bacterial diagnosis immediately caused many previously ignored cases to be included in the notification lists is made clear by the following extracts from reports of the boards of health of New York City, Brooklyn and Boston.

In Brooklyn, in 1892 and 1893, a total of 3,501 cases was reported—this being before the culture system was in operation. But during the two years, 1894 (when the culture method was introduced) and 1895, the number of cases reported increased to 8,089.

The total number of cases in New York City during 1891 and 1892 was 9,528, the diagnosis in these cases being made without recourse to laboratory methods. Coincident with the estab-

lishment of means for making the bacterial diagnosis—which was first afforded in 1893 and 1894—the number reported reached 15,623.

During 1892 and 1893, in Boston, there were 2,818 cases which were diagnosed on their merits by clinical observations after the old method and without the intervention of bacteriology. The laboratory work in Boston was begun in 1894. In this year, and in 1895 the number of cases reported increased to 7114.

Dr. A. Robin has positively asserted that the Boston laboratory was opened only in 1898. This statement is certainly erroneous. The report of the Boston Board of Health for 1894 contains this announcement:

"The Board of Health made an arrangement with Professor Ernst for this work to be done at the Harvard Medical Laboratory. Dr. McCollom, the physician to the board, having qualified himself in bacteriological work, was relieved from other duties and assigned to this. His work in the laboratory has been of great value in connection with the other means now in use for the suppression of diphtheria." In another place in that report it is stated: "This has given rise to early treatment and isolation where the ordinary means of diagnosis have heretofore left such cases to go as ordinary sore throat." Speaking of the great increase in the number of cases reported in Boston during the first years following the introduction of this laboratory work, Coakley wrote: "The bacteriological examination of cultures begun in 1894 was the means of discovering many mild cases, and thus increased the total number of cases, and as patients in these cases mostly recovered, the death rate was reduced."

In Boston, with the addition of a great number of mild cases in 1894, it naturally followed that there must occur a decrease in the case fatality. Yet at

the same time there was no actual saving of life; but, on the contrary, the death rate per 10,000 population increased from 9.97 in 1893 to 16.67 in 1894.

A canvass of the reports of the Boston City Hospital and the Willard Parker Hospital of New York City will demonstrate that no objection can be made to the allegation that, with the introduction of the bacterial method of diagnosis, the number of patients admitted to the hospitals was about doubled. To the Willard Parker Hospital 876 cases were admitted during 1890, 1891 and 1892, when the bacterial diagnosis was not yet being made. But we find in 1893, 1894 and 1895, when the new method was being used, that the number of cases amounted to 1,820. The Boston City Hospital, in 1892 and 1893, received 806 cases diagnosed from the clinical standpoint; while, with the aid of the culture method of diagnosis, in 1894 and 1895 the number admitted was 2,164.

That the introduction of antitoxine also augmented the interest in diphtheria, and had a great influence in bringing many mild cases to hospitals, admits of no denial.

Understanding that these two weighty factors were responsible for the presence of such a number of patients in diphtheria hospitals as was never seen there before, it at once becomes clear why the case fatality declined in these institutions.

Antitoxine advocates have argued when there happened to be a decrease in the diphtheria mortality in any city, that the lowered death rate was the result of the use of antitoxine. In some cities the results have been better during antitoxine years, not only because many cases have been reported which previously were not included in the statistics, but also because diphtheria differs in the number and severity of cases from year to year in any particular city;

and antitoxine happened to be introduced when the epidemic was declining in those places which showed a lessened mortality. This was especially true of Berlin and New York City. In the latter city, diphtheria has had a mortality which has run an up and down course for the past half century. The death rate would steadily ascend for a number of years, and then there would be a decline. Antitoxine came into use when the death rate had climbed to the apex of an ascent and, according to the history of the disease in New York City, it was time for the descent to begin. Had antitoxine not been heard of, the decline in the death rate would still surely have taken place. At the end of 1898 the mortality ceased to decline; and, although it had not come down as much during the four antitoxine years as it once did on a previous occasion during a period of four years, in the year 1899 it again commenced to ascend. In other words, the diphtheria death rate and case fatality in New York City was higher in 1899 than it was in 1898. The pendulum swung back despite the use of antitoxine.

In London it was different, for evidently in that city the epidemic did not happen to be waning when antitoxine was brought to the notice of the profession. The consequence is that antitoxine has scored a failure in London. Whereas the death rate before antitoxine years was 48.6, it has gone up to 49.3 during the antitoxine years. The diphtheria death rate per 100,000 population increased from 39 in 1898 to 43 in 1899.

In Liverpool, during 1887 to 1894 (all years before antitoxine was used) the death rate was 14.8. During the four antitoxine years, from 1895 to 1899, the mortality was 24.1.

The case fatality in Liverpool also increased from 27.7 per cent. to 29.7 per cent. Cobbet, from whose article in the

Edinburgh Medical Journal for June, 1900, these English statistics were obtained, admits: "The change which has occurred has been in the wrong direction, and the mean of the last five years has been seven per cent. higher than that of the preceding four."

In Manchester, the mortality increased from 8.6 in 1897 to 9.4 in 1898, and in 1899 it had gone up to 15.4 deaths per 100,000 population. The case fatality used to be 28.2 per cent. before antitoxine times. It is now 30.7 per cent. under antitoxine treatment.

In Bristol, the mortality has increased from 13.3 to 13.9; and in Leeds from 22.3 in the period from 1886-1894 to 41.5 during the four antitoxine years 1895-1899.

Of Birmingham Cobbett says: "The records of this town, like those of Liverpool and Manchester, show no sign of having been influenced by antitoxine." The Birmingham death rate from 1892 to 1894 was 18.8. During the antitoxine period it is 37.4. The case fatality before antitoxine years was 20.8 per cent. Since 1895, notwithstanding antitoxine treatment, the case fatality has risen to 23.4 per cent.

Antitoxine, the serio-comic of medicine, continues to receive constant attention in the journals and promises to remain a prominent subject for future discussion. This is right, for the profession has never had a more momentous question to settle. In the interest of true medical progress, the fallacies of serum therapy must be exposed and the mistaken views concerning statistics based on antitoxine treatment corrected; for, if it is not done now, and we blindly follow the bell-wethers of bacteriology, they will lead us into a mire of mistaken conjecture out of which it will take the profession a long time to flounder back to the firm ground of scientific truth.—J. Edward Herman, M. D., in New York Medical Journal.

The Electrostatic Current in the Cure of Consumption.

The use of the electrostatic current in the cure of consumption is of recent date, yet its use in this generally unmanageable disease has proven beneficial to say the least; and when this current as used in conjunction with germ-destroying solutions in the so-called "transfusion method" its action is nothing short of curative.

The beneficial action of positive insulation, not only in consumption but in other conditions, is above dispute. For some little time past I used the positive insulation alone in this disease; then I began to use the positive insulation and positive breeze to the chest at alternate treatments.

Several years ago when the inhalation of germ-destroying vapors were first brought to my attention, I tried them and found good results to follow the inhalations, especially by the "bib-method," of a 5 per cent. solution of formaldehyde.

Although finding good results following the use of the electrostatic current and the inhalation of the formaldehyde, it never occurred to me to combine the two until my attention was called to a paper presented to the French Academy of Science, advocating the use of "electrically diffused formaldehyde" in this disease.

For the past ten months I have been using this current in conjunction with formaldehyde in the so-called "transfusion method" with what may be called excellent results.

By means of static cataphoresis—for that is what the "transfusion method" really is—the vapor of the formaldehyde is transfused in the tissue of the chest and lung, causing destruction of the bacilli in which it comes in contact. And, so far, there has been no bad results from the static cataphoric treatments.

The results of these treatments in consumption are far more favorable than the results obtained by any other method of treatment.

Of 800 cases treated by this method and reported to the International Medical Congress, convened in Paris this last summer, 600 were completely cured. In conducting these experiments the physicians divided the cases of consumption into these classes, viz:

(1) Those who were in the first stage of consumption, or favorable cases.

(2) Those who had reached the second stage of consumption.

(3) Those far advanced in the disease, and who under ordinary circumstances would be considered incurable.

Now, give strict attention to the results of treatment by this "transfusion-method." In the first class, or those in the first stage of consumption, the cures reached 100 per cent.; while 75 per cent. of those in the second class were cured; and in the third class, or the hopeless cases, 30 per cent. were cured.

Gentlemen, has any other method of treating consumption shown such percentages of cures?

Despite the good reports referred to above, the authorities at St. Luke's Hospital, New York, after a trial of this method failed to endorse it.

My favorite solution is one consisting of one ounce of a 45 per cent. solution of formaldehyde and seven ounces of distilled water, to which is added one drachm of cinnamon water, to make the treatment more pleasant to the patient. Eucalyptus, as well as hydrates, is sometimes added to the solution for its supposed curative properties.

In giving the treatment, the patient is seated upon the insulated platform, which is connected with the negative pole of the machine; cloths wrung out of the formaldehyde solution above referred to are applied to his chest, and the point electrode, or concentrator,

connected with the positive pole of the machine, is directed to that part of the chest covered by the cloths.

Personally, I prefer to use, in place of the point electrode, a brush electrode, made of many rather coarse wires, which is attached to the concentrator by means of a sleeve and directed to the chest.

Of course, other solutions, rather than the one of formaldehyde mentioned, may be used; and one may use specially-made static cataphoric electrodes if they wish; but these special electrodes possess no advantages over the brush electrode, as used above, except when it is desired to localize the treatment, or when using substances that must first be volatilized by heat; in the latter case the special electrode must be used.

In these treatments the patient gets the benefit not only of the "transfused formaldehyde," but also of the inhalation of a certain amount of the vapor of the formaldehyde and of the ozone, which of necessity is generated.

The treatment should be from 10 to 15 minutes in length and repeated about every third day.

Instead of applying the cloths to the chest, I find by inserting cotton, previously saturated in the formaldehyde solution, into the ordinary ozone generator of the McIntosh make, and applying this near to, or in actual contact with, the chest, proves equally as beneficial as the cloths against the chest; without the disagreeable features of wet applications to the cutaneous surface.

If further trial substantiates the above statistics, then the cure of consumption in a great measure is solved. Anyway, the results so far reported justifies sanguine expectations; and from personal experience I can heartily endorse the electrostatic current and static cataphoresis in the treatment of consumption.

I cannot help but mention the good results obtained by the influences of the

x-rays in consumption by Drs. Gilman and Blackman; but the experiments conducted by Dr. Wilson, of Chicago, seems to prove that the good done is from improved blood and not from the germicidal qualities of the x-ray. The x-rays exert only an inhibiting influence on the growth of germs, but it does not destroy them.

So with the germ-destroying power of the vapor of formaldehyde cataphorically used with the electrostatic current, and experiments leave no room to doubt of the germicidal qualities of the vapor so used and the inhalation of the ozone. Combined with the beneficial blood and nutritive changes resulting from the influences of the x-ray, have we not at our command agencies that are powerful weapons in the destruction of the causes of this disease, and are wonderful helpers in the "after-building" up process of the system; and should not consumption thus become a comparatively easily managed disease, with a comparatively low mortality, instead of reverse as it now is?—Marvin A. Custis, M. D., Amer. Med. Monthly.

The Relative Frequency of Sterility in Man and Woman.

Sterility is of interest in practice almost wholly in the married class, and therefore presents for consideration of the obstetrician who, it might be paradoxically stated, is called in by the fruitless wife because he has not been needed. As the responsibility for an existing sterility is necessarily uncertain as between husband and wife, and, moreover, the tendency of those accustomed to treating women only is to consider the latter as usually at fault, it should be of interest and profit to note the following resume from Sturgis (*Sexual Debility in Man*, page 372) regarding the relative frequency of sterility in man and woman:

"Up to recent times the belief has generally been held that the woman is

oftener at fault than the man in cases where marriages prove unfruitful, but both gynecological and genito-urinary surgeons are rapidly coming to the conclusion, after observation and investigation, that the man is more frequently to blame than has been supposed; the frequency, however, with which he is responsible for the sterile marriage is yet a mooted point among medical men, the proportion in which the responsibility rests with the male varying much with the statistics given by different authorities. Thus Busch puts the percentage at 27 from azoospermia. Kehrer, in 40 cases of sterile marriages, found the male at fault in 16 cases (40 per cent), the woman in 24 (60 per cent). Of these 16 cases, in 14 (87.5 per cent) sterility was due to azoospermia and in 2 (12.5 per cent) to impotence. Manningham states that there is one sterile man for every 30 sterile women, or a proportion of about 3.5 per cent. Courty states that the woman is at fault nine times out of ten, or in the proportion of 90 per cent, while Noeggerath, on the other hand, puts the female proportion as 6 in 14 (42-43 per cent). Blake and S. W. Cross state that the man is at fault once in every eight sterile marriages (about 12 per cent). Vedder, of Christiania, in Norway, reports the result of his examination of 310 married women who had never been pregnant though married at least one year. In 50 cases he was enabled to examine the husband also. From the examination of these 50 couples he comes to the conclusion that in 70 per cent of the cases the husband is to blame for the sterility. Seeligmann states that in a large number of cases of sterilitas matrimonii which he had had the opportunity of examining in the space of two years, in 75 per cent the man was to blame, and in nearly all the cases the sterility was due to azoospermia from double epididymitis of gonorrhoeal origin.

"From a study of these figures it is evident that there is such a wide difference in opinion as to the proportion in which the male is blameworthy as possibly to vitiate the value of these statistics; but on one point there is no doubt whatever, to wit, the old idea, that in cases of sterile marriages the female is always as fault is an erroneous one. Perhaps the cause of difference in these statistics may be due to the reasons pointed out by Pajot, who, in 1866, stated that out of 80 sterile marriages the woman was to blame in 7 (less than 10 per cent.). In 1880 he puts it as high as 20 in 200 (10 per cent.), while in 1889 he stated that it was about 20 in 100 (20 per cent.). He states that it would be very desirable that gynecologists should publish their statistics, for only by the consideration of a large number of examinations would it be possible to arrive at some definite and trustworthy conclusion as to the true proportion in these cases of sterile marriages. Within a few years Lier and Ascher have published three tables which are worthy of careful study, as being the best statistics on the subject at present obtainable. In the first table the total number of cases comprised 76 married couples. Of these 76, 30 of the men were not examined from one cause or another; 46, however, were. Of these 46, 21 (45.6 per cent.) were found to be suffering with azoospermia; 6, or 13 per cent, were impotent, besides being afflicted with spermatorrhea; 7, or 15.2 per cent, were found to have gonorrhoea, and in only 12, or 26 per cent, were the men sexually healthy.

The second table consists of 151 married couples. In these 65 of the males were not examined; 86 were. Of these 86, 21, or 24.4 per cent., were the subjects of azoospermia; 5, or 0.6 per cent., were suffering from impotence and spermatorrhea; 34, or 40 per cent., had gonorrhoea together with spermatorrhea,

and in only 26, or 30 per cent., were the males sound.

The third series of cases comprised 227 married couples; of these, 195 of the men were not examined; 132 were. In 42, or 31.8 per cent., the semen was devoid of spermatozoa; 11, or 8 per cent., were impotent and suffering with spermatorrhea; 41, or 31.1 per cent., had gonorrhoea with spermatorrhea, and only 38, or 28.8 per cent., were sexually healthy.

These figures are worth pondering over. In these three tables the percentage of healthy males ranges from 26 per cent. as a minimum, to 30 per cent. as a maximum—say on an average of 28 per cent., leaving 72 per cent. of men who, from one reason or another, are sexually damaged and incapable of procreation. With these figures before him the surgeon is compelled to reverse the famous dictum of Vidocq. Instead of looking for the woman he must look for the man, and, while the doctor may be unwilling to accept the fact that in cases of sterile marriages, 72 per cent. of the men are to blame, still he is forced to the conclusion that there is quite a notable proportion in which the man is at fault. In the cases where a surgeon is called upon for a professional opinion as to the cause of the sterility, no accurate diagnosis can be arrived at until both husband and wife have been examined, and, in the husband's case, no opinion of any value can be given unless a microscopical examination of the semen is made, not once only, but repeatedly, in order to avoid any possibility of error, such as might be caused from the azoospermia being temporary. It is well in all such cases to insist that the specimen of semen sent for examination shall be the first which has been ejaculated after a period of continence of at least a couple of weeks, and even longer if necessary.—Obstetrics.

Physiology and Folklore of Pregnancy.

Every vertebrate, as biologists have pointed out, is an aggregate whose internal action is adapted to counterbalance its external action. The preservation of its movable equilibrium, therefore, depends upon its development and normal number of these actions. This movable equilibrium may be destroyed when an action is too great or too small and through deficiency or need of some organic or inorganic cause in its surroundings. These two kinds of forces cannot counter-balance each other, hence the equilibrium must re-establish itself in an orderly way. There are two preservatives of every animal group, the impulse of every individual to self-preservation, and the impulse to the production of other individuals. These vary in an inverse ratio; the former diminishes when the second augments. All processes which complete and sustain the life of the individual are designated individuation. Those which aid the formation and development of new individuals are entitled generation. Individuation and generation are necessarily antagonistic. Since as Virchow remarks a pathologic force is one which disturbs the equilibrium of the organization, which disturbs the equilibrium hitherto existing, must be considered, as I pointed out thirteen years ago,* a pathologic phenomenon. Pathology, however, is no more identical here than elsewhere with nosology, which is the science of disease. Pathology, as its name denotes, is the science of abnormality in structure and function, whether due to disease or not.

Unisexual reproduction was the earliest type. Of the form of unisexual reproduction known as parthenogenesis, traces are still to be found as high as

*Symposium on Pregnancy—Chicago Academy of Medicine.

the birds. Indeed, imperfect fetal development in dermoid cysts of indisputable virgins shows that the human ovum is capable of parthenogenetic development. Such development so far as absolutely known is always abortive. As Washington Irving remarks,† the ingenious maiden who would to-day attribute conception to any but the usual course would find it difficult to overcome popular prejudice. Still embryology while regarding "immaculate generation" as improbable does not pronounce it impossible. When bisexuality supplanted parthenogenesis an additional disturbing factor was introduced into the organism. Pregnancy is one of many altruistic conditions observable in biology where the individual cell or cell group is sacrificed for the benefit of cell community. Pregnancy originally possessed more of a pathologic nature than it now does. Researches of analytic ethnologists, like Ploss and others, show that pregnancy disorders are far more frequent among primitive races than among the higher types. Civilization, despite all eccentricities of dress, has simply aggravated the weakness of primitive races and chiefly among defective beings who could have been wiped out by the stress of primitive life or would not have remained long pregnant because of the laxity as to abortion and infanticide among primitive races. The sociologic law which places on women in primitive conditions all labors and industries other than war and hunting tends to wipe out the unfit and render defective cases of pregnancy much less evident to ethnologists than among the higher races. The influence of taboo in preserving the pregnant woman, however, must be admitted as an offset. Taboo made a thing sacred or unclean; ideas that in early religious thought were identical. Why pregnancy should have been placed under a taboo is easy to understand. Certain Austra-

†*Alienist and Neurologist*, 1887.

lian tribes low in the scale of evolution ascribe pregnancy as well as all other unusual physiologic or pathologic phenomena to feticific invasion by souls. According to the Australian theory their far off ancestors roamed about in bands of the same totem group. On their death their spirits went into spiritual storehouses in the earth marked by a stone or tree. Ancestral spirits haunt these, ever waiting to be born again into the world. When one sees his chance he pounces out and into a passing woman. Then she conceives and in due time gives birth to a child who is a reincarnation of the spirit that darted into the mother from the rock or tree. Whether the woman be young or old, matron or maid, she is liable to impregnation. A modified form of the same belief is found in Annam where spirits of children still-born or dying in infancy are greatly feared. These spirits (called Conlon from "lon" to enter into life) are ever seeking to incorporate themselves in the bodies of others, though after so doing they are incapable of life. Their names are not mentioned in the presence of women for it is feared that they might take to these. Newly married women are afraid to take anything from or wear any clothing of a woman who has had such a child. Taboos in primitive times often protected the pregnant women from certain labors because of the possible injury to the produce of the labor. Certain drinks and foods were likewise tabooed lest she might injure these. Bulimia on which most of the "longings" of pregnancy depend was curbed as well as aided by these food taboos. Pregnancy "longings" received their widest development from the folklore evolved out of taboos. Pregnancy "longing" depends more on bulimia, obsessions and folklore beliefs than on so-called physiologic cravings.

Pregnancy, like most conditions involving possessions by spirit had its or-

deal drinks. If an Egyptian woman partook of a mixture of the boudouca weed and the milk of a woman who had born a son and, thereupon vomited, she was pregnant; if, however, she simply belched, the contrary was the case. A survival of the protection of pregnant women against spooks is the practice of placing sharp pointed iron weapons upon her bed to prevent puerperal hemorrhage or sepsis. This is still found among Slavonians, poor whites and negroes of the South. The umbilical cord and placenta have folklore aspects found almost everywhere.

When the child is expelled spontaneously, the cord must be cut and tied to the thigh of the mother to prevent the escape of the placenta into the body of the womb which would give rise to, hysteria in future offspring. In folklore hysteria was charged, even in Shakespeare's time, to the spirit of the womb (in old English "the mother") affecting both sexes.

The placenta and funis at certain stages of culture had to be eaten by the father to nourish him for the support of the child after birth. With the passing from mother-right to father-right consequent on the recognition of fatherhood which occurred in its complete state comparatively late in evolution, the child, immediately after birth had a mystical connection with the father. Under resultant taboos the father had to cease from hunting and war and go to bed while the newly delivered wife rose and served "possets to the husband in the straw." This custom called the *couvade* still survives in many parts of Europe. It once led to the conquest of the North of Ireland as the warriors of the district attacked were all under the *couvade*. Placenta eating in folklore notion fitted the husband for this ordeal. In Yorkshire the *couvade* is used as a diagnosis of fatherhood. When an illegitimate child is born it is a point of honor with the girl not to re-

veal the father, but the mother of the girl goes out to look for him and the first man she finds keeping his bed is he. Another survival of the occult connection of the child with the father is the "pregnancy vomiting" of the husbands of gravid women. The Medical Brief, that repository of Medical Folklore, contains numerous instances of this kind reported especially from Kentucky.

Pregnancy "longings" were aided by the notion of "marking the child." This notion of photographic maternal impressions has received its coup de grace.

Many physiologic problems turned upon destroying beliefs and practices due to folklore. This is particularly true of those most brutal practices which turn fairy changeling notions developed from Australian folklore. These led to many an infanticide and matricide as well as much torture of mother and child. Children arrested at the senile phase of the intrauterine life by syphilis or other causes were exposed to torture for this reason.

The most important phase of the physiology of pregnancy that properly comes under the domain of the topic assigned is that which relates to the physiologic increase of woman's functions during pregnancy and that which pertains to the resultant perturbations of the organs leading to auto-intoxications. The pregnant woman has regained in part the child's power of cell reproduction without the child's power of eliminating the waste consequent on cell reproduction. To increase the first without decreasing the mother's future strength after child-birth and to decrease the second without affecting the first are the two problems presented to the obstetrician by the disturbance of woman's physiologic equilibrium from pregnancy.—Harriet Alexander, M. D., in *Obstetrics*.

Book Reviews.

"A Manual of the Diagnosis and Treatment of the Diseases of the Eye." by Edward Jackson, A. M., M. D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic; Member of the American Ophthalmological Society, etc., etc., pages 604, 178. Illustrations and 2 colored plates. Philadelphia, W. B. Saunders, Publisher, 925 Walnut street. 1900. Price \$2.50 net.

The book is intended to meet the needs of the general practitioner and the beginner in ophthalmology, and we know of no work in recent years that more completely fills the purpose for which the author designed it. It will go far toward enabling any one to cope with the diseases likely to be met in early practice, and the bibliography at the close of each chapter serves as an efficient guide-board to point the way to desired information concerning the rarer and more intricate eye conditions.

Perhaps the most unique and useful feature of the book is the last chapter, which treats of ocular symptoms and lesions connected with general disease. This alone is worth the price of the book to the busy practitioner who wishes to know how to interpret the many signs of general diseases to be observed in the eyes.

The publisher has done full justice to the text also. The book is substantially bound, and the typographical work is excellent.

MacL.

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"Manual of the Diseases of the Eye," by Charles H. May, M. D., Chief of Clinic and Instructor in Ophthalmology, Eye Department, College of Physicians and Surgeons, Medical Department, Columbia University, New York. Pp. 406, with 243 original illustrations, including 12 colored figures. Price \$2.00. New York, William Wood & Company. 1900.

This little brochure, so small as to be easily carried in the pocket, is truly a *multum in parvo* of ophthalmic information. Only one of such extended experience as the author could crowd into so small a book all the fundamental facts of ophthalmology, and it was only by merely making mention of rare conditions and uncommon affections of interest chiefly to the specialist, that the author has been able to give us, in this compass, a work replete with information concerning diseases that the general practitioner is called upon to treat and that are essential for the student to know.

The illustrations, of which there is a profusion, are original, except those of instruments, and elucidate the text as only pictures can do. It is only necessary to mention the name of the well-known firm of publishers to assure our readers that the book is all that can be desired from the printer's standpoint.

MacL.

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The American Illustrated Medical Dictionary for Students and Practitioners, a New and Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry and the Kindred Branches, with Their Pronunciation, Derivation and Definition. By W. A. Newman Dorland, A. M., M. D., Assistant Obstetrician to the University of Pennsylvania Hospital; Editor of the American Pocket Medical Dictionary; Fellow of the American Academy of Medicine. 750 pages, with numerous illustrations and 24 colored plates. Price \$4.50 net—\$5 with thumb index. Philadelphia and London, W. B. Saunders & Company. 1900.

During the last decade of the century just gone, we have had dictionaries and lexicons galore, the tendency in all to be either so large as to be unwieldy, verbose and difficult for reference, or so small and concise as to be incomplete and unsatisfactory, failing to supply the

information sought. This, however, seems to be a happy medium, being up-to-date (just out), concise, yet complete and moderate in price. It contains double the material in the ordinary students' dictionary, makes an especial feature of the newer words, and defines hundreds of important terms not found in any other dictionary. One especially valuable feature is the large use of tables—in addition to the usual anatomical and chemical tables, are numerous tables of tests, stains, staining methods, methods of treatment, etc., which with the excellent system and arrangement of matter, makes it wonderfully convenient and quick for reference.

The plates are exceptionally fine and new, and the binding is full flexible leather, making it easily handled and durable. Altogether, it is a fine bit of the printer's art, and should meet with a warm welcome from both undergraduates and post-graduates.

* * *

A Text Book on Practical Obstetrics. By Egbert H. Grandin, M. D. Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetric and Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc., etc., with the collaboration of George W. Jarman, M. D. Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illus-

trated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text. 6½ by 9½ inches. Pages xiv—511. Extra Cloth, \$4.00, net; Sheep, \$4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

This is an exceedingly useful and practical work. The work aims to leave out much of the theory and useless speculation and present facts for the use of the student and practitioner. Enough is given of anatomy, physiology and embryology to meet the needs of actual practice, but the student is supposed to know something before he studies obstetrics. The book is divided into four parts—Pregnancy, Labor, The Puerperal State, Obstetric Surgery. It is a very handy volume. The illustrations are well chosen and explanatory of the text.

* * *

A Systematic, Alphabetic Repertory of Homeopathic Remedies. by Dr. C. Von Bonninghausen, translated by C. M. Bolger, M. D. Published by Boericke & Tafel, Philadelphia. Price, half morocco, \$3.00 net.

To the busy doctor—to the student who is seeking for more light in *materia medica*, this book, like everything written by Bonninghausen, is priceless.

From the prefaces to the first and second editions, and from the introduction by Bonninghausen; from its rules for the "Repetition of the Homeopathic Remedy," by Hahnemann, the student may gather invaluable aid in the application of the "law of similia."

The chapter on "Intercurrent Remedies in Chronic Diseases" and the "Review of the Antiprone Remedies" are valuable additions to the work.

The Repertory is admirably arranged and we heartily recommend the book to a place in every Homeopathic library.

The New Century.

The Medical Century, so long under the control of Dr. Chas. E. Fisher, has been purchased by Prof. W. A. Dewey, of Ann Arbor, who will be both editor and proprietor. Dr. Fisher has removed to Cuba and become connected with a Havana daily.

This disappearance of Editor Fisher from the ranks of Homeopathic journalists will leave a gap which no one can fill. Dr. Fisher had one trait in common with Socrates, that of meddling with others' affairs and getting himself disliked. The Century exhibited a never ending petty spite against certain members of the Detroit profession, and against Editor Fisher's alma mater. Any opportunity for villifying these gentlemen or the institutions with which they were connected was never allowed to slip. Doubtless Dr. Fisher enjoyed it, and the institutions and doctors have not yet ceased to exist. We trust that the warm climate and warmer politics of Cuba may better agree with the doctor's fervid feelings than the chilly winds of Lake Michigan. Dr. Fisher was always "seeing things at night."

Dr. Dewey is to be congratulated upon securing such a valuable property as the Century, and doubtless under his skillful touch it will soon regain its former high place among the journals.

When the patient is ill, he will say:

Name, oh doctor, name your fee,

Ask—I'll pay what'er it be.

Skill like yours I know comes high;

Only do not let me die.

Get me out of this, and I

Cash will ante instantly.

When the patient is convalescent he will talk as follows:

Cut, oh doctor, cut that fee,

Cut, or not a dime from me.

I'm not a millionaire,

But I'll do whatever's square;

Only make a bill that's fair,

And I'll settle—presently.

After the disease has disappeared the patient is apt to say:

Book, oh doctor, book your fee.

Charge, I'll pay it futurally,

When the crops all by are laid,

When every other bill is paid,

(Or when of death again afraid)

I'll pay it grudgingly.

Publishers' Notes.

The Johnston Optical Company of this city (66 and 68 State street), have just issued one of the most complete and most artistic catalogues that has come to our desk in many a day. They are headquarters for everything in the optical line in Michigan. The line of their own manufacture is very large and is excelled by none; and they have everything in stock.

They make a specialty of prescription orders, and we are sure our readers will be glad to know that they need not go out of their own State for anything they want, and that they are sure of the best at the lowest possible cost.

Dr. Cyrus Edson, of New York Health Department, and Dr. Libermann, Surgeon-General of the French Army, Advise Special Use of Hot Grogs as Adjuvant in Treatment of La Grippe.

H. Libermann, M. D., Surgeon-General of the French Army, in an article on "La Grippe" (Influenza), recommends the following hot grog: "One-third goblet of Vin Mariani, with two-thirds boiling water, add cloves and cinnamon, and with or without sugar, making a grog of exquisite flavor, which produces immediate beneficial effect in severe cases of cold, attended by convulsive coughing and depression, the principal symptoms of la grippe. It is best taken at bed time. In the grip epidemics in France it was the tonic absolutely relied upon, and has received frequent deserved mention in the medical press. It has been shown that patients recover very slowly, there is much general weakness and lassitude, invariably calling for something in the nature of a mild tonic stimulant, and it has been found that Mariani Wine is unequalled for such cases."

Dr. Cyrus Edson, of the New York Health Department, has made a careful study of the subject in his book on "La Grippe," published by Appleton & Co. On page 39 he writes of Vin Mariani and calls special attention to it in the form of a hot grog. In speaking of the complete prostration accompanied by the depression caused by this disease, and also during entire convalescence, his preference for a tonic stimulant is a hot grog of Vin Mariani. He says it is excellent for the purpose intended, and recommends its use freely.

The Medical Counselor.

PHYSICIANS' SUCCESSES AND FAILURES.

A. W. REDDISH, M.D., Sidney, Ohio.

If physicians would record their successes and their failures, we would soon possess a materia medica of inestimable value. Eighteen years of practice has taught me many things in the cure of disease, but nothing has been more forcibly impressed upon my mind than this: that our greatest successes are achieved by the differentiation and proper choice of medicines. A few will be recalled at random.

First. That eclectic remedy, Chionanthus, of which homeopaths know so little, is a most valuable remedy in liver complaints. A recent experience calls it to mind. For two or three years I have used it for the pains of gall stones with excellent results. Recently, however, I was called to see a man in the middle of the night. The patient was 59 years of age, short of stature, and light of weight, a dried-up man who had had "stomach trouble" for years, and recently grown worse. In the night when I was called this patient was vomiting bile and complaining of frontal headache, pain in the stomach and a temperature of 102°. Here was a case of bilious vomiting, with probably catarrh of the bile ducts and partial occlusion. Brvonia 3x was prescribed and an enema administered, which brought away a large quantity of scybalæ. Merc. dulcis

1x was given as a gentle laxative. The next morning the nausea and vomiting were better, but the patient was not well, had settled down into a subacute condition without fever. The symptoms were slight nausea, pain in the stomach, frontal headache, drowsiness, pulse fifty to sixty per minute, stools and urine natural in color. After floundering about in the materia medica for a week in search of a remedy, I noticed that the skin was sallow. Chionanthus in ten-drop doses every three hours was prescribed. It acted like a charm, and improvement began immediately. So do not forget Chionanthus for liver diseases with nausea, vomiting, frontal headache, pain in stomach, sallow skin and clay-colored stools.

Another prize winner among the remedies in my hands has been Colchicum. It is of special value for nausea and vomiting from irritation of the cervix uteri. A thick, glairy, stringy, colorless fluid is vomited, accompanied with that unaccountable and inexplicable symptomatic indication; "made worse by the smell of food." In my early practice a case of pregnancy presented this symptom; failure followed failure and the patient grew worse, uneasy and restless, until an older physician suggested Colchicum 3x, and the case recovered at

once. Later my own daughter presented this same peculiar vomiting during the course of an attack of acute Bright's disease. Colchicum removed the symptom and improved the case, although it did not cure unaided. More recently a lady presented this symptom about the eighth week of typhoid fever, and vomiting persisted almost continuously for three weeks. This case came to me from another physician and the indications were so plain that Colchicum was given at once. The effect was immediate and no other remedy was needed. Three weeks since a pregnant woman with a badly eroded os uteri presented this symptom. Colchicum 2x was given in water. One teaspoonful always relieved the nausea for a few days; two or more teaspoonsful produced the pathogenesis of this drug, a viscid, glairy, colorless, white-of-egg like mucus to rift from the stomach and drool from the mouth. After a few weeks there was no return. I believe the vomiting of Colchicum generally comes from an irritable and eroded os uteri.

Another prince among remedies that "hang on memory's walls," is Jaborandi. A case of acute Bright's disease in a little girl that was very dear to me had progressed to the parting of the roads, where acute Bright's disease ends and the chronic and incurable disease begins. It was at this critical period in the disease, after three months of sickness, that a profuse, warm, drenching sweat began. Skin warm and relaxed, albumen still present in the urine, edema of the cellular tissue and tube casts in the sediment. Jaborandi 1x was given in water with prompt results. A speedy cure followed without assistance from other drugs. It was a beautiful illustration of the homeopathic action of Jaborandi. Dr. A. S. Rosenberger, of Covington, Ohio, the physician who suggested this remedy to me, had had some personal experience with it. An

epidemic of scarlet fever occurred in his neighborhood and each case was followed by nephritis, with profuse, warm sweat. Jaborandi quickly cured them all.

Another one of God's noblemen among our remedies is Antimony crude in gastric catarrh with nausea and vomiting. The patients are in the extremes of life and usually fleshy. The child is cross and the adult irritable, the tongue as white as if whitewashed, the patient dragged out, skin too large for the body, soreness of the abdomen and nausea. Some years ago I cured a lady who had chronic gastric catarrh, with this remedy. Besides these symptoms she was very nervous and I was frequently called in haste to attend her on account of functional heart symptoms. She even yet sends occasionally for a vial of those "slate pencil tablets."

Veratrum viride is a sure remedy and may be prescribed with as much confidence as any in the materia medica. It may be well to say that I never obtained results from the homeopathic tincture or dilution; Norwood's tincture alone is used. For congestion of the lungs and in the congestive stage of lobar pneumonia with high fever, full, bounding pulse, rapid respiration, dyspnoea and cyanosis, five drops in one-third of a glass of water, a teaspoonful every half hour, will soon bring relief. It will relieve intense cerebral congestion with threatened convulsions in children where other remedies fail.

Cuprum is a good remedy for dry coughs. A child wakes at night with a dry, hacking cough, that keeps up for hours. The parents sleep but little between coughs. Cuprum is prescribed with a certainty born of experience.

Not long since I read an article by one of our foremost medical teachers, in which he said that the number of remedies in his pocket case is gradually growing less. This is inexplicable to

me, as I have had such brilliant and positive results with so many remedies that I am constantly in need of one not in my case. The variety of diseases is infinite. They are not all named nor

numbered. Their manifestations are many. Our means of combatting them are necessarily large, improving and increasing. Let us try them all, holding fast to those that are good.

MORNING SICKNESS.

J. A. WHITMAN, M.D., Beaufort, S.C.

A clinical case of morning sickness in its pregnancy is quite a common condition, but not always easily remedied, as the following case will show, which is not reported for the success in the case but from its obstinacy to treatment.

A colored woman, 32 years, slight build, when young was fearfully burned, so much so one leg was cut off below the knee; has had one child, but died at 15 months from consumption, had the same experience in carrying this one; was some two months in bed. I had treated her some two or three months before consumption took place, for what seemed to be a blind case of uterine troubles.

I was called to see her, found her in bed with an intense pain in the left side of the abdomen, extending into the pubic regions. Upon making an examination, I found a little to the left of the navel, and extending up and down some three or four inches, a throbbing tumor about an inch in diameter, and very sensitive, so much so I could not make a satisfactory examination; a light touch on the skin revealed the throbbing. I realized it was connected with the heart, but could not think it was the abdominal aorta it was so near the surface, and of such a size; it was very painful and sore; connected with this was a constant retching and nausea, at that time I could not think it came from pregnancy.

I treated with such remedies as seemed the most indicated with hot wet ap-

plication externally (the only external treatment that I ever use.) The indication pointed to an aneurism of the abdominal aorta, as the books give it. All food was repugnant; so I stopped all solid food, such as had to have stomach action, gave entirely liquids, upon which she did better. After about two weeks treatment and examining the vagina with the fact of the previous pregnancy I concluded I had got a bad case of pregnant vomiting. I made a number of irritating applications to the uterus in hopes to get up a retching. My first examination of the vagina, I found a fearful fetid discharge. I ordered glycerine and iodine,, tampons to be changed twice a day, which after awhile changed the condition.

I cannot tell all I gave for the nausea, but tried every remedy that had any indication. One thing that I never knew to fail before was the pumpkin vine tea (or tincture) this did give some relief. I kept up the fast using nothing but liquids, those that had no digestive action, flaxseed tea was the best, created the least disturbance.

All this time she was confined to her bed, sat up none; sitting up produced faintness with nausea. Bowels and urine were normal. After about six weeks of this, she began slowly to improve; in about four weeks the tumor began to slack, and after a while it was not so large nor so sensitive, and pain was about gone.

At the end of about the tenth week she got so to take food and be up, and

dressed. She is now about five months along, getting well and am in hopes to keep her in such a condition as to have a child with some stamina.

The point I wish to call attention to is of her going so long without food, it was a fight for me to keep the food away, but nature had reserve force to carry over the crisis. She did not lose so much in flesh as one would suppose.

I tried hard to have them get some one else to treat her, thinking "a change of pasture might fat the calf," but they had implicit confidence in my treatment. I am sorry to say I did not feel very well satisfied with my treatment. One thing I did rather out of the common course, I applied moist tobacco leaves on the pit of the stomach, which gave much relief. I did not give it internally, which might have been of benefit. Some would say, why did you not empty the uterus, because I knew there must be

a change of symptoms before there was danger of death. And more I did not lose faith in my fasting treatment. No one knows what can be done in disease by giving nature a chance to recuperate, until they have tried it.

After a practice of twenty years without the death of a patient from fever in the time, you will be likely to take considerable stock in abstaining from any digestive action in the system, while the patient is suffering from the fever. pose the Seymour Bill, about to be introduced, allowing Osteopaths the right to practice medicine without license or examination.

At no time in the history of New York State Society, has there been such a unanimity of feeling toward an enthusiastic support of the Society and such a general, harmonious record of all measure and means for its advancement.

ANTIDOTE FOR OPIUM POISONING.

C. R. CROSBY, M.D., Cannonsburg, Mich.

The reckless use of opium in its various forms by the laity, as well as its use for suicidal and criminal purposes, render it a very desirable matter that a prompt antidote should be known, one that is not only trustworthy, but ready at hand, and easy of administration. Somewhat recently Permanganate of Potash has been put forward as an antidote. Some have reported favorably on the drug, others have reported unfavorably, while still others have rejected it entirely. When my attention was first called to it as an antidote, I made a memorandum of it, and resolved to try it at the first opportunity. So far my experience is very satisfactory. That it will antagonize the drug is clearly shown by the following:

Case 1: Miss —, aged 19, was in the habit of taking opium in various doses for relief for menstrual headaches

and other distresses incident to her periods, took by mistake a large dose of tincture of opium—the gum dissolved in alcohol—and within an hour sunk into a comatose condition. The messenger explained to me that she had taken an overdose of the drug, so that I had a chance to prepare for the case. I found the patient unconscious and sinking fast. A deathly pallor, pulse almost imperceptible, respiration 8. To give an emetic was useless, as the drug had evidently been absorbed into system, and it was equally useless to attempt to move her, as she was absolutely beyond reviving by any such means. Evidently the narcotic would soon do its deadly work. The question now was, Can enough of the Kali Perman. be introduced to effect anything? I prepared a solution from a 10 per cent solution of the Kali P. as strong as I thought pru-

dent to use, and introducing it into the mouth succeeded in passing it to the stomach. It could hardly be said to have been swallowed, as the stupor was profound, and nothing done in the way of handling produced the slightest response. My plan was to try this method and if this failed to resort to the needle. In about two minutes I repeated the process with the same success. I managed to administer about half an ounce of the solution in about ten minutes, and at that time a material change came over her. The deathly pallor passed, and a glow appeared, warmth returned to the surface, pulse improved, respiration deepened with an occasional full respiration. In about two hours she was sufficiently revived that I left her in the care of her friends with orders to give Bell. every hour. Twelve hours after I saw her again, and with the exception of feeling weak, she seemed but little the worse for the experience of the evening before.

I have been thus specific in detailing the case that it may be seen to have been in all probability a fatal case. The response to the action of the antidote was very gratifying. It goes far to substantiate the value of Kali Permanganate as an antidote for opium poisoning.

Nor have I limited the use of the drug to recent cases of poisoning, but have used it to assist in breaking up the morphine habit. The following case is of interest along this line.

Case. 2nd.—Mr. M. H., aged 38, had suffered from inflammation of the eyes for seven months. So intense was the pain that hypodermic injections were employed three times in the twenty-four hours. At this stage of the case he came to my hands for treatment. It required two grains of morphine at a dose to produce the desired results when I took the case. In a little time I was able to do without the morphine, but to get rid of the effect was where the trouble came. He was so completely under its control that when the pain was gone and the influence of the opiate he was as helpless as a child, and for weeks afterwards he had to be led. Perhaps it would have been more humane to have withdrawn the morphine gradual, but such was his abhorrence of the drug, he was mind to dismiss it at once. At once I commenced the use of the Kali P. and soon had the satisfaction of seeing him entirely free from its influence.

I would, however, recommend the use of the antidote in the same manner as the narcotic. It taken in the stomach, employ the same method. If hypodermatically, take the antidote in the same way.

It is very evident to me that the Kali P. is an actual antidote, and that in its use we are not substituting one poison for another, which is so often done in trying to break up the cravings of a depraved appetite.

CARCINOMA.

E. MATHER, M.D., Birmingham, Mich.

Carcinoma, it is true, offers a great field for inquiry in coming years. Carcinoma is the cause of many deaths of both sexes, and is greatly on the increase.

Blood corpuscles are altered in shape; elongated, oblong, spindle-shaped,

heart-shaped; almost every shape except globular.

Characterized by a peculiar cachexia, dirty-yellow hue of the skin, pearly conjunctiva, contracted features, emaciation, loss of strength and energy, mental irritability, which increased with the progress of the disease, and at the same

time augments the primary local change.

A blood malady. Some claim a local parasite. The cause of the disease may be hereditary, or it may be acquired; in the former cases, parents may transmit the diathesis to their offspring; in the latter case it may be acquired by anything that deprecates the nervous system.

Civilization creates certain evils which affects the human family, and some of them create the rapid deterioration of vital force.

Venereal excesses, etc., create a predisposition in their victims to a morbid condition; also, a certain dynamic condition at the ganglionic system of nerves which presides over the whole process of nutrition.

Sameness of location, incompatibility of temperaments, and causes that engender scrofula, may also be prolific of this disease; nerve depression, as indicated by languor, lassitude, debility, all the functions of the body imperfectly performed, brain and blood seriously implicated, stools clay-colored, bowels constipated, urine scanty and light-colored, full of cancer cells.

Skin dry and harsh; dyspeptic symptoms, loss of flesh, nausea and vomiting, diarrhoea, prostration, exhaustion, followed by death.

The exciting cause of cancer is some local irritation. When this is present, depression of the part exudation follows, in the plasma thrown out, abnormal cells from the blood, true cancer cells are exuded, causing an infiltration or thickening, as tumor.

This infiltration, from the very earliest formation, is characterized by pain, paroxysmal in its character; if few cancer cells are present, pain is not frequent nor intense; if there is a great aggregation of cancer cells, pain intense, frequent, but in all cases sharp, lancinating.

The proportions of the various sub-

stances in cancer vary with the modes of distribution, and the different tissues in which this morbid material is developed, and, also with the temperament and other concurrent circumstances to which the patient may have been exposed.

At the commencement of the disease, the structure of the organ in which it is seated will be found to retain for a time its usual aspect and color, being altered merely in volume and density, especially the latter; but, as the disease advances, the proper tissue of the organ becomes more obscure and verges nearer to that of the morbid mass.

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Now, the local disease having progressed to a certain point, excites inflammation, ulceration and destruction of the part; this is the result partly from pressure, partly from the process of disintegration and decay, and partly from the inherent nature of the cancer cell, which possesses the elements of death within itself; the diathesis being essentially a retrogressive one, with death stamped upon every element of human life.

Now, it will be found disorganization usually commences in the center of the cancer mass, which will be found to be destroyed by an ulcerative process.

Now, it will be found, here, the dis-

ease makes rapid progress, in consequence of the additional contamination of the blood by the morbid matter absorbed from the ulcerating part; a considerable portion of this matter will be found absorbed and implicating the lymphatic glands, and vitiating the whole solids and fluids of the body.

It will here be found the powers of life rapidly sink, and the soft structure of the body becomes cachexied, and the constitutional contamination increases. Cancer is met with chiefly in glandular organs, because they are more liable to irritation or arrest of function.

It is also common in parts previously diseased or that have received some violence; still, no part of the human body is free from its ravages or deposits.

I have found persons living in low, damp houses, men working in swamps, woods, houses surrounded with poplar trees, wood cutters, etc., most subject to cancer.

DIAGNOSIS.

It will be found of the greatest importance to distinguish between this disease and various others, for which it is liable to be mistaken.

Thus, simple induration has frequently been taken for cancer.

Now, take the local symptoms, which are: A separable tumor or infiltration, which alters or changes the original texture of the organ or part in which it is seated, with a tendency to invade the surrounding tissues, to extend to the nearest lymphatics, and, ultimately, to usurp the whole part.

Pain is a characteristic symptom; it is found to be of a lancinating and intermittent character, there being intervals between the attacks of pain, resembling a needle or a knife—sharp, cutting; and if in the chest or abdomen, pain, anterior and posterior, is diagnostic of the disease in all cases; cancer cells can be detected by the microscope, in the urine, at a very early period.

VARIETIES.

Medullary, or brain cancer, or, what is a more appropriate name, acute cancer, is characterized by an excess of cancerous cells.

Scirrhus, called hard or stone cancer. Chronic in character, and characterized by a predominance of fibrous tissue and few cancer cells.

Now, all other varieties are but a modification of these two, but named from their fancied resemblance to certain substances, or from the incorporation of certain ingredients in their structure, viz.:

Epithelial, or cancroid, containing an excess of epithelial cells, usually met with where skin and mucous membranes meet.

Minalosis, or black cancer, characterized by an excess of cells and a large amount of black pigment.

Hæmatoid, or fungus hematodes; this has an excess of blood, free or inclosed in blood vessels.

Osteoid cancer occurs in bone, or where bony material predominates.

Lardaceous, where fat is infiltrated in abundance through the cancerous deposit.

Colloid cancer, or gelatine, from where there is an excess of gelatinous material.

Kaloid cancer, when leathery patches take place on the skin.

Now, the pathological characteristics of cancer are such as clearly separate of various kinds, which constitute diseases only from the position in which they are found, their compound elements being the same as those of the healthy tissues of the body; thus, fat, cartilage and bone, which, when occupying their proper places, are essential to the perfection of the animal system by occupying a position in which they are out of place from swellings which it may be absolutely necessary to remove. But cancer is a growth which has no coun-

terpart in health, the very existence of its cells, wheresoever their location, at once sufficing to constitute disease; and, more than this, while their growths simply interpose themselves among the proper tissues of the part in which they may be found.

Cancer is distinguished by its power of converting such tissues into its own peculiar substance, and therefore of increasing at the expense of the healthy structures among which it is involved, and which often diminish until they can no longer be recognized.

It is a satisfaction to know that many of the very best pathologists of to-day are diligently laboring in all parts of the world to unfold the mysteries which still surround this terrible disease.

There is no question, before much can be done, every person will have to consider their health, the dwellings of the working classes, in the way of educating the public in the importance and absolute necessity of cleanliness and

other sanitary living. First, no house should be allowed in low swamp grounds; all houses should have cellars under, and same free from water. Canned meat should be properly seen into, as well as other canned goods. Fish never ought to be kept from day to day on ice, and then sold.

It will be found cancer exists mostly among those people of lower class, say working people; and, if looked up, people that live in mostly old houses, damp, and low places, and in woods, among trees and damp grounds. I have watched many cases, and found them exist mostly as stated.

I will give you one. A Mr. V—, married; lives in low street, cellar full of water. Wife No. 1, cancer breast; died. Wife No. 2, cancer uterus; died. Wife No. 3, cancer of breast; living. Had No. 3 removed to hillside, sunny house; had cancer removed and did well. In same low house, had Mrs. B—, cancer of breast; died.

Consumption and Death.

The following startling figures show the prevalence of tuberculosis. They were presented in a paper by Dr. George F. Keen, of Rhode Island, at a meeting of the National Conference of Charities and Corrections:

Tuberculosis "is a disease which has claimed more victims than all the wars and all the plagues and scourges of the human race. Even during the few short years since Koch's discovery, over 2,000,000 persons on this continent have succumbed to its fatal infection. In the last two decades in Cincinnati, out of a total mortality of 119,089, there have been 17,353 deaths from this dread disease. The annual tribute of the United States to this scourge is over 100,000 of its inhabitants. Each year the world yields up 1,095,000; each day, 3,000; each minute, two of its people—as a sacrifice to this plague. Of the 70,000,000 individuals now peopling these United States, 10,000,000 must inevitably die of this disease if the present ratio is kept up."

Coffee.

The injurious effect of excessive use of coffee is nowhere more forcibly illustrated than in a statement of Miss Ward, writing from Brazil, "that the whole country is perpetually in a state of semi-intoxication on coffee—men, women and children alike, and to babies in the arms it is fed with a spoon. It is brought to your bedside the instant you wake in the morning, and just before you are expected to drop off to sleep at night, at meals and between meals. The effect is plainly apparent in trembling hands, twitching eye-lids, mummy-hued skin, and a chronic state of excitability, worse than that produced by whisky." The toxic action of tea and coffee, and especially tobacco, is so often seen in a large class of cases in this country that the first question asked by the physician in reaching a diagnosis is as to the use of these narcotics.—N. Y. Medical Times.

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NEW YORK STATE HOMEOPATHIC MEDICAL SOCIETY.

The forty-ninth annual meeting of the New York State Homeopathic Medical Society, was well attended, and of much interest to the profession at large. President, William Morris Butler, called the meeting to order promptly at ten o'clock Tuesday morning, February 12th. Drs. Frank W. Adriance and R. K. Valentine were appointed Auditing Committee.

Drs. Fred D. Lewis, M. C. Ashley, Geo. F. Adams, Committee on attendance.

Drs. F. Park Lewis, John L. Moffat and J. Willis Candee, Committee on President's Address.

Drs. J. T. Cook, Asa Stone Couch and R. A. Adams, Committee to prepare a memorial to the late Dr. A. R. Wright, of Buffalo.

The following were elected new members:—Drs. Geo. R. Critchlow, Buffalo; Harry Herbert Crum, Ithaca; Alfred Drury, New York City; A. R. Grant, Utica; J. Hubley Schall, Brooklyn;

Thomas F. Davis, New York City; Arthur A. Vivard, Sloaneville.

Dr. E. H. Wolcott, Chairman of the Committee on Life Insurance, reported as follows:

Your Committee on Life Insurance, appointed at the last annual meeting, for the ensuing year, has carefully observed the attitude of the different old line insurance companies to our particular school of medicine. The committee begs to report that these companies as a rule are manifesting a friendly attitude toward us. Especially is this true in New York City, where, we are made to understand, these companies are more lenient in regard to homeopathic examiners than formerly. Several appointments in different places throughout the State have come to our notice.

Among them, Dr. S. R. Snow, of Rochester, has received an appointment as examiner for the New York Life Insurance Co., and Dr. John D. Zwetsch, of Gowanda, as examiner for the Equit-

able Life Insurance Co., of New York City. If our observation is correct, the prejudice in many medical departments is gradually disappearing, and medical directors are finding out that homeopathic physicians are as well educated and as well qualified to make careful examinations for life insurance, as old school physicians; and if those who are already appointed will only do good work, it will materially improve the attitude of these companies toward us.

Respectfully submitted,

EDWIN H. WOLCOTT, Chairman.

Dr. J. W. Sheldon, Chairman of the Committee for increasing the interest in *Materia Medica*, reported a plan whereby closer work should be done in the matter of verifying provings and eliminating from the *materia medica* such provings as were out of date and unscientific in the light of our present knowledge of pathology and bacteriology.

As suggested by the Committee, the Society voted to appropriate \$200.00 for the purpose of employing careful provers, who should take the utmost pains in verifying certain drug provings of both old and new remedies. Dr. R. A. Adams, of Rochester, volunteered an additional \$50.00 as a personal contribution to the same fund.

Dr. Alton G. Warner, Chairman of the Jubilee Committee, reported as follows:

"I can only say that the Committee has done its work and that the results were before the Society last October. The Committee feel extremely grateful to the distinguished physicians who came from a distance to address us and to all others who contributed to the success of this meeting. The one regret is that in spite of all the effort made to secure a large attendance, the number

of those present was far from what it should have been."

ALTON G. WARNER,

Chairman.

Dr. F. Park Lewis presented a resolution relative to the reducing of salaries of employes in the State Hospitals, as suggested by the Governor's message, urging that no reduction be made, especially in the Gowanda State Hospital, where an inadequate force of help already exists.

The resolution was discussed by Drs. William Morris Butler, M. C. Ashley, George Adams and J. T. Greenleaf, men well qualified to speak upon the subject of the management of State Hospitals. It was the unanimous opinion that there were such reduction in salaries to be made, in would result in the employment of cheap labor and thereby bring about the old time management of the insane, such as was seen in the days of County Hospitals. The scandals connected with the treatment of the insane in Bellevue Hospital was but an example of what would occur were cheaper labor employed. A copy of the resolution, together with the verbatim report of the discussion was immediately sent to the Chairman of the Ways and Means Committee, at the Assembly Chamber, and the following reply received:

DeWitt G. Wilcox, Sec'y,

Dear Sir:—I am in receipt of your favor of Feb. 12th, with resolutions and have noted contents of the same. There is no intention to reduce the maintenance or to reduce wages of employes. It is believed and conceded that more employes are on the roll than are strictly necessary and the appropriation which will be made, both for maintenance and salaries, will be the same which the superintendents have already agreed is ample, and yet it is a

sum \$360,000 under the amount appropriated last year. You will, therefore perceive that the Governor had fair grounds for his impression.

Yours truly

J. P. Allds,

Chairman Ways and Means Com.

As a change in By-laws requires one year's notice, Dr. Moffat gave notice of an amendment, which he would introduce at the next annual meeting, affecting the method of electing officers, which in substance is the adoption of the Australian system of ballot:

"The Secretary be instructed to send a return postal card before Jan. 1st, to each active member of this Society, requesting a prompt expression of his or her preference for officers. From this informal ballot the three names receiving the highest number of votes be considered nominated and a secret ballot by mail should be taken by him; the polls closed one week before our annual meeting. Both votes shall be counted in the presence of the President, who shall announce the election at the February meeting of the Society, at which meeting the Secretary shall have present all the ballots."

The following members presented their resignations, which were accepted:

Dr. A. H. Bruce, Wolcott; Mary M. Hoyt, Rochester; H. N. F. Cook, New York City; Eloise I. Church, New York City.

Dr. N. H. Haviland and S. H. Carroll were elected Senior members.

Dr. R. A. Adams, reported for Dr. J. T. Cook, as Chairman of the Committee on the memorial to Dr. Wright, as follows:

"Your Committee deem it a great honor as well as a sad duty, to be called upon to prepare this brief memorial of our beloved follow member and friend, Dr. A. R. Wright, of Buffalo, and who passed from our midst during the year.

Dr. Wright had been a familiar fig-

ure at all our gatherings, and we, one and all, shall miss his genial presence and active work. He had been for some years a Senior in this Society, as well as a Senior and Ex-President in the American Institute of Homeopathy, and we gladly make this public acknowledgement of our appreciation of his exceptional and self-sacrificing devotion to the interests of this Society and of its individual members. In Buffalo, where he practiced for nearly half a century, he had been a pioneer and always a leader in the development and progress of homeopathy, and in the establishment of the local hospital, which he served most faithfully up to the time of his death. We keenly realize how great a loss this Society has sustained in his removal. An extended report of his life and works will be found in the *Necrologist's* report for the current year.

We suggested that his portrait be published in the next issue of the *Transactions*, and that a copy of this memorial be sent to his family.

JOSEPH T. COOK,

R. A. ADAMS,

ASA STONE COUCH.

By action of the Society, Dr. Wright's photograph was ordered printed in the *Transactions*.

Dr. Butler delivered an able, interesting and exceedingly timely address upon the general subject of "Preventive Medicine." He gave a brief history of medicine, spoke at length on the rapid strides during recent years and ably discussed preventative medicines. He advocated legislation to prohibit the intermarriage of the weakminded and the epileptic and criminal.

Pertaining to the Bureau of Public Health, Dr. F. Park Lewis offered the following resolution, which was unanimously adopted:

Whereas, It is recognized by veterinarians generally that tuberculosis is, an

exceedingly prevalent disease in domestic cattle, and,

Whereas, It is also recognized that it may be communicated by means of infected milk, and,

Whereas, Milk is an almost universal food with people of all ages and especially with children, and,

Whereas, There is as yet no adequate inspection of the herds furnishing the milk supply for our cities and villages. Therefore, be it

Resolved, That we endorse the bill now before the Assembly, entitled "An Act to Amend Agricultural Law relative to diseases of Domestic Animals." (Fancher Bill.)

Resolved, That a committee be appointed to confer with Mr. Fancher and to urge that a sufficient appropriation be added to the bill to make effective such examinations and tests, both at the border and within the State, as will give efficient protection to the people from tubercular infection from this source.

The Committee appointed for the purpose of carrying out the provisions of this resolution, are Drs. F. Park Lewis, Buffalo; J. W. LeSeur, Batavia; Geo. Gorham, Albany.

The election resulted in the choice of Dr. T. J. Greenleaf, President; C. T. Haines, Whitesboro, 1st Vice-President; Edward G. Cox, Albany, 2d Vice-President; W. H. Bishop, New York, 3rd Vice-President; DeWitt G. Wilcox, Buffalo, Secretary; W. B. Gifford, Attica, Treasurer; W. S. Garnsey, Gloversville, Necrologist; Frederick E. Wadlams, Albany, Counsel.

Censors are as follows:—M. O. Terry, Utica; B. Williamson, Friendship; R. B. Howland, Elmira; J. T. Cook, Buffalo; J. M. Lee, Rochester; J. W. Can-

dee; Syracuse; J. I. Dowling, Albany; S. T. Birdsall, Glens Falls; D. E. Spoor, N. Granville; George McDowell, New York; W. S. Mills, New York; R. K. Valentine, Brooklyn.

Candidates for State Medical Examiners, whose names were sent to the Regents are,—John B. Garrison, New York; E. W. Bryan, Corning; William N. Bell, Ogdensburg; A. A. Martin, Binghamton.

The Committee elected to nominate such candidates for the ensuing year,—Drs. Bukk G. Carleton, New York; George Adams, Gowanda; William Harvey King, New York; W. B. Winchell, Brooklyn; Martin Besemer, Ithaca.

It is the intention of the State Society hereafter, to give a banquet each year at the annual meeting in Albany, for the purpose of promoting general sociability and goodfellowship, as well as making a further attraction for a larger attendance.

There was an unanimous sentiment in favor of supporting the Bell Bill, which is about to be introduced in the legislature, and which in substance, defines the practitioners of medicine and rules out such as Christian Scientists, Osteopaths, Faith Curists, Divine Healers, etc. Also an unanimous opinion to oppose the Seymour Bill, about to be introduced, allowing Osteopaths the right to practice medicine without license or examination.

At no time in the history of New York State Society, has there been such a unanimity of feeling toward an enthusiastic support of the Society and such a general, harmonious record of all measure and means for its advancement.

Ferrum Metallicum.

Ferrum metallicum is especially adapted to patients with the sanguine temperament, peevish, quarrelsome disposition; become angry from the least contradiction, exceedingly disturbed by slight noises, like the crackling of paper. The ferrum patient frequently has the leucophlegmatic constitution. Pseudo-plethora is the grand keynote symptom. Although the patient is anaemic, he presents a plethoric aspect. Weakly persons with fiery red faces, ashy, pale or greenish face.

The face, lips, and mucous membranes are very pale, but become red and flushed on the least pain, emotion, or exertion. Parts ordinarily red, or reddish, like the face, lips, tongue, and mucous membranes become pale. Red face is characteristic but frequently the face or other red part is not warm. Cold congestion is a marked characteristic of this drug. A very peculiar symptom is chill with red face and thirst.

Vertigo, as if on water, or from seeing running water; vertigo on descending. Hammering, beating, pulsating pain in the head. Pain in the teeth is relieved by holding cold water in the mouth.

Canine hunger alternating with complete loss of appetite. Spits up his food by the mouthful.

Food lies in the stomach all day and is vomited at night. Vomiting immediately after midnight; vomiting of ingesta as soon as food is eaten.

Painless indigested stool at night or while eating or drinking. Cough with vomiting of food. Cough that prevails only in the daytime, relieved by lying down and by eating.

Great erethism of the circulation. Symptoms resembling those following the loss of much blood. General hemorrhagic tendency; venous hemorrhage. Venus stasis, from vaso-motor paresis of the vessels. Dropsy after the loss of vital fluids, abuse of quinine, or suppression of intermittents.

The ferrum patient is much affected by extremes of heat or cold, but is, upon the whole, a cold as well as a sensitive subject.

Aggravation from rest, particularly while sitting, and at night, especially after midnight.

Always better walking slowly about, although weakness obliges the patient to lie down.

Inner Head. Hydrocephalus with open fontanels and great anaemia.

Nose. Epistaxis in children suffering from anaemia; color of face changes frequently.

Upper Face. Children with very red faces.

Face flushes easily on the least pain, excitement or exertion. Face very pale, but becomes red and flushed on the least emotion, exertion, or pain.

Ashy, pale or greenish face.

Teeth and Gums. Dentition with persistent diarrhoea; the painless stools consist of mucus and undigested food; stools sometimes excoriating and exhausted.

Face flushed, or has red spots on each side; vomits nourishment soon after taking it; slow dentition. Toothache momentarily relieved by cold water. Great paleness of gums.

Taste. Children complain of a disagreeable taste of blood in the mouth.

Appetite. Canine hunger, alternating with loss of appetite. Anorexia; great aversion to all food. Children accustomed to meat suddenly dislike it. Meat disagrees; can only eat bread and butter; appetite for bread. Aversion to eggs, beer and ale, hot and sour things.

Eating and Drinking. Eructations and regurgitation of food in mouthfuls (Phos.) after eating, without nausea and inclination to vomit. Vomiting or diarrhoea after taking nourishment (Ars.).

Vomiting. Vomiting as soon as food

has been taken. Frequent and easy vomiting of food. Vomiting of food with fiery red face. Vomiting of food immediately after midnight, followed by aversion to food. Vomiting of infants.

Stool. Undigested stools coming on as soon as the child attempts to eat. The child has a fiery-red face, and frequent diarrhoeic stools corroding the anus. Undigested stools, with easy vomiting of ingesta; very red face. Undigested, painless, sometimes involuntary stools, which are apt to occur during a meal.

Desire to go to stool as soon as anything touches the stomach. Hungry, but eating brings on diarrhoea. Lienteric stools coming on just after midnight, sometimes accompanied by periodical vomiting. Valuable in "summer complaint" or cholera infantum with lienteric stools; emaciation. Children suffer from chronic, watery diarrhoea without pain or effort, worse just after midnight, and after eating or drinking; undigested stools (Cinch., Phos., Phos. ac., Podo.). Diarrhoea, in teething children, with flushed face; stools undigested, and sometimes associated with vomiting; the diarrhoea and vomiting come on immediately after taking nourishment. Slimy stools with ascarides. Constipation from intestinal atony; ineffectual urging to stool. Stool hard and difficult, followed by backache.

Rectum and Anus. Prolapsus recti. Ascarides cause itching of anus at night. Helminthiasis; seat worms cause itching in anus at night; wretched complexion. Itching from ascarides prevents the child from sleeping.

Urinary Organs. Urine passes involuntarily at night, and also by day, when the child is walking about. Incontinence of urine, worse during the day, but the bed is flooded several times at night; urine smells like strong ammonia and stains the sheets very dark; yel-

lowish clay-colored sediment adhering to sides and bottom of vessel. Nocturnal enuresis; urine dark red, sometimes with mucous sediments; irritability of the trigone and cervix vesicae. Urine is clear as water in anaemia.

Respiration. Breathing dry, loud, anxious; sometimes rattling. Respiration difficult with oppression of chest, as if some one pressed with the hand upon it.

Cough. Spasmodic cough after taking nourishment, with vomiting of all foods taken.

Cough with vomiting of food. Cough only in the daytime (Euphr.). Thin, scanty, frothy sputa with streaks of blood. The spasmodic cough sometimes ceases immediately after a meal, but usually comes on after a meal, with vomiting of food.

Pertussis; child vomits food with every coughing spell; great pallor and weakness.

Whooping cough, dry in the evening, with copious, purulent, blood-streaked expectoration in the morning, and sour vomiting of food; cough immediately relieved by eating a small quantity of food (Spong).

Lungs. Haemoptysis in young boys or girls predisposed to consumption, and who are in the incipient stages of phthisis florida.

Phthisis pulmonalis in young florid subjects, with great erethism of the vascular system, and inclination to thoracic congestion. This remedy should be used with great caution in all tubercular cases, Haemoptysis has often been called by its injudicious use.

Pulse and Circulation. Irregular distribution of blood in young persons of either sex. Anaemia in children that look plethoric and are subject to congestions; pale mucous membranes; nun's murmur is heard in the veins.

Motion and Rest. Better walking slowly about. Worse on first begin-

ning to move, but relieved by continued gentle motion, though weakness may compel the sufferer to sit or lie down. Worse from rest, especially sitting still.

Nerves. Restless, impelled to walk about slowly. A nervous erethistic condition is present when Ferrum is indicated. Very weak and tired, but always relieved by walking slowly about.

Sleep. Bad sleep before midnight. The pain forces patient to get out of bed at night, and walk slowly about. Child cannot sleep on account of itching from ascarides.

Time. Restless sleep before midnight; after midnight, the headache is worse. Immediately after midnight vomiting of food occurs.

Fever. Chill with red face and thirst. Coldness of the body. Heat with very red face and inclination to uncover.

Tissues. Pseudo-plethora; subject to congestions yet anmaeic; face earthy, flushing easily. Red parts become pale. Maramus with frequent vomiting of food; stools undigested; redness of face; child pale and delicate. Anmaeia. Dropsy after loss of vital fluids, abuse quinine, or suppressed intermittent fever. (Carl. v. Cinct.)

Skin. Skin ashy, pale, sallow, greenish, dirty, flabby. Sometimes of use in scarlatina during the stage of desquamation.

Temperament. Sanguine, choleric temperament; peevish, quarrelsome; least contradiction angers.

Relations. Complementary to Alumina and Cinchona off. Aggravates syphilitic conditions. Must be used with caution in tubercular diseases.

Incompatible. Beer and tea.

Compare: Borax, Anacardium, Spongia, Cinchona, Phosphorus, Selenium and Thuja.

Aggravation. At night, especially just after midnight; at rest, particularly while sitting still.

Amelioration. Walking slowly about; in warm weather.—Thos. G. Roberts, M. D., in Recorder.

Out-Door Air in the Cure of Disease.

At the request of your Chairman of the Bureau of Materia Medica, I will endeavor to give you something from my five years' experience as a fresh air taker and prescriber.

Previous to my discovering that I was in an advanced stage of tuberculosis, I had given but little hard thought to the subject, and on starting out found myself ignorant in many ways.

Almost every person I met, whether physician or layman, had some good advice to offer.

I had supposed consumption to be regarded as an incurable disease, but instead found any number offering me a positive cure if I would only follow their advice, which ran from sawdust pills to rolling a barrel of whisky into my cellar and curing myself with rock and rye.

Fresh air was not then as much talked about as at present, and one had not as sure rules to guide them, yet I decided that this must aid my remedies if I wished to recover, but it was no easy matter to choose a climate. Many states hold enviable reputations, but, preferring a location as near home as possible, for many reasons I chose the Adirondacks of New York State, and I believe there are but few better places.

It is never an easy task to guide a case of tuberculosis so that it will keep on the sure road to recovery, and as I then lacked experience I made many mistakes, among the most important of which was over-exercise, over-worry, finding too many excuses to remain indoors when I should have spent my whole time out; I made mistakes in eating and sleeping, and in almost everything else I did.

To a person unaccustomed it would seem unsound advice to insist upon a delicate patient going out early in the morning and remaining out all day,

coming in only to eat and sleep, using a hammock or bed, if unable to sit up, and doing this even though the weather is cold enough to require fur coat and mittens.

Perhaps the patient had arrived the day before wearing two chest protectors, three shirts, a sweater and a cha-mois vest, and telling you they were so sensitive to the air that they had hardly been to the door so far all winter, and the last time they did they took cold.

Such a patient, after a few days breaking in, can, with safety, remain out the entire day, and sometimes in such patients we see a most rapid improvement. But if they really have well-established tuberculosis the process of repair usually takes place very slowly, the wonder being that it takes place at all. But patience usually brings results, providing we are following right methods and have not delayed our treatment until the disease is too much advanced.

My first perceptible gain commenced after I had began to sit out quietly all day on a porch without other exercise, and such a porch as my first one was. It was in a small village on the west side of the woods, gaining its elevation by being on top the highest peak in the locality, and not only was the hill wind and storm swept, but the porch had no cover, and I have often, after being out all day, found myself so snowed under that I had difficulty in getting out of my chair.

While fur coat, robe, cap and mittens can keep a patient dry and warm, it is a great mistake to locate where the hard winds can strike. Just as much air can be had on a sheltered porch in a place so located that it has the necessary elevation and is at the same time protected by surrounding mountain peaks.

While I make a specialty of lung diseases and treat more of those than of other cases, still I have seen wonderful

improvement in many forms of chronic ailment follow an out-of-door life here.

Digestive troubles, kidney troubles, asthmatics, hay fever, anaemia, nervous prostration, etc.

I remember a case of nervous prostration that had resisted many forms of treatment. A girl, seventeen years old, came with her mother, who was so solicitous that it was hard to get the daughter started in the right way. But at the end of a month there was such a marked gain that her mother could not keep her in; she disliked even to come in at bed time. She wore no hat, and as it was summer went most of the time with bare arms. I lost track of the case after she returned to the city, but she left, after a six months' stay, the perfect picture of health.

While I believe in homeopathic remedies and believe them a great help in every case, even in the worst cases of tuberculosis, still there is nothing that will more quickly reduce a temperature, restore a lost appetite, give a good refreshing sleep than a life spent entirely in the open air.

Every physician must have tubercular cases who are unable to leave their homes for lack of means, and this should be the only excuse unless it should be the advanced stage of the disease. For such patients much can be done by having them rig a movable shelter for the porch, if they have one, or for their yard, a few rough boards or a frame for canvas. This should have a cover to keep off storm and be so arranged as to allow for changing winds. Even a small city yard can give great aid and relief to many sufferers, and the results obtained have been very good. It will be found a great improvement over a tight room. But it can never take the place of a high mountain resort, properly located, with surrounding mountain peaks to break all rough winds, a rocky or sandy soil, an ozone

laden air, due to elevation and thousands of acres of surrounding forests to purify every breeze. Also the example of others sitting out and following the proper course makes it easy for them to fall into the correct way without any great struggle.

In caring for more than a hundred tubercular patients annually I meet many interesting cases, but which one would be most interesting to a body of physicians like this is hard to decide. I will venture, however, to report one which came to me last spring. It was of interest personally, for it is rare such rapid results are attained.

Mrs. B., aged 27, of English parentage, sent me from the southern part of the State, had suffered an attack of pneumonia in her right lung two months before. She had made a slow recovery, for, evidently, not only had the germs of tuberculosis been deposited in her lungs, but there had been an unrecognized destructive process taking place previous to the pneumonia. I found her in bed next day after arrival, with a temperature of 103, suffering with severe pleuritic pains. She was emaciated, anaemic, coughing almost every breath, raising a pint cup full twice daily. She had night sweats and diarrhoea. Her stomach could take but little nourishment and that digested poorly. Examination showed a good-sized cavity at the right apex, a consolidated area at the left apex and considerable pleuritic effusion at the lower part of right lung which, with the quantity of pus and elastic lung tissue she was expectorating, caused me to make a most unfavorable prognosis. But Acon., Bry., Hep., Sul., Phos., Sanguinaria, Bacillinum and wide open windows soon put her in shape to be carried on the porch, but from this her gain seemed slow for the first two months. After that each day marked a gain until at the end of

six months hardly an abnormal symptom remained. She had gained in flesh and strength and evidently thought herself well, for she informed me one morning that she was going to England to see her parents and I have not heard from her since. While with the ocean voyage her improvement may keep on, I feel that she made a great mistake in not remaining longer; for such cavities require time to permanently heal; a year is a short time for such a patient. Usually those patients who insist on going back to unfavorable surroundings with only an arrested disease soon find active trouble starting again. But of those sent home as cured during several years I have only few relapses to report.—J. Henry Hallock, M. D., in Recorder.

The Bosschieter Case.

The Bosschieter case has become famous. The facts as brought out at the trial were, briefly, as follows: A young factory girl was met on the street by a young man of good family whom she knew. This man had recently been married, and did not wish to be seen in public with the girl. He, therefore, got a friend to accompany the girl to a near-by saloon, where he met them. At the saloon the party was joined by a man of wealth, a factory owner; and by a fourth man, who was married and the father of a 19-year-old daughter. The party all drank more or less, and the girl was drugged into insensibility. Then a carriage was procured and the party driven to a road house, that a room might be obtained and the girl criminally assaulted. For some reason they were not admitted to the road house, so they were then driven to a lonely locality, and there, on a blanket beside the road, the crime was committed. On resuming their journey it was found that the girl did not revive. In a panic the men sought assistance. Finally, a doctor was found, and he pro-

nounced the girl dead. The men, not knowing what to do, and probably hardly knowing what they did, threw the dead body on the ground by the roadside for any chance passer-by to discover.

No one believes for a moment that these men deliberately started out to kill their pretty companion. No. They belonged to a class of men—a large class, alas!—of easy virtue, who believe it is not only pleasurable, but necessary, to indulge in intercourse. Not a day passes but that the newspapers speak of the social evil as a necessary evil. It is not necessary. The North American has before pointed out the physical evils of promiscuous intercourse, but moral disease always accompanies it.

The Bosschietter case, with its pitiful sequel, is rare. But there are thousands and thousands of men to-day who believe that sexual intercourse is necessary to their physical well being. Men born and brought up in supposedly Christian homes. Men who would feel justified in shooting on sight a man who contaminated their mothers, their wives, their sisters, their daughters. Men who would think it criminal to debase a woman in their own social sphere. Men who would not hesitate for one moment to take advantage of a girl whose social standing was inferior to their own.

And the women belonging to such men? Many of them, of the most rigid virtue themselves, condone irregularities in their sons and relatives because boys have to "sow their wild oats." Yet they would not lift one finger to aid a soiled sister, and consider any girl beneath them socially to be legitimate prey for mankind.

The community at large needs a change of heart. It is only when cases like the Bosschietter case occur that the awful possibilities of sexual depravity are brought home to it. The tendency

is constantly downward after the first step. It must take a long and debasing training to make four men willing to outrage in cold blood the body of one poor, unconscious girl.

Sexual education is one great remedy. In speaking of venereal diseases, Osler says: "Physicians have two important duties: the incessant preaching of continence to young men, and scrupulous care in every case. * * *" How many physicians follow out the first? There is nothing incompatible with health in continence. The sexual function was given to fulfill a high purpose—the procreation of the species. Its illicit performance, whether in a natural or in an unnatural manner, leads to moral and physical ruin.—N. A. Journal.

The Use of Stimulants in Typhoid Fever.

I do not propose to enter into a lengthy and scientific discussion of the use of stimulants in general, and their use in typhoid fever in particular, but simply to give the results of my own personal experience of their use in this connection. In an extended experience in typhoid fever, covering a period of fourteen years, and in a locality where the disease was epidemic, with frequently recurring epidemics, nothing has struck me more forcibly, in consultation and in private conversation with attending physicians, than the timid and erratic use of stimulants.

Prescribed frequently too late or too early in the disease, and when prescribed ordered in indefinite dose and with an indefinite purpose of fulfilling indefinite indications, I do not wonder that many seem skeptical as to their value, or that with many the counter-indications weigh too heavily in the balance.

I have seen cases in articulo where it was considered a sufficient dose of alcohol to order a teaspoonful of

brandy to be added to a half-tumblerful of water, and of this dilution a teaspoonful every hour or two; and on the other hand, where, under similar indications, with oedema of the lung, it was considered a maximum dose to order a tablespoonful of brandy every two hours. Believing, as I do, that alcohol in these cases is a sheet-anchor, it did not seem to me that it would be a waste of time to ask your attention to, and invite free discussion of, this subject. Just here let me quote a sentence from Osler's Practice: "It would seem like hoisting the teetotalers with their own petard to attribute the high rates of mortality in the London Temperance Hospital, 15 to 16 per cent during the last twenty years, to failure to employ alcohol." I insert this simply for those who seem to think that strychnia and other heart stimulants are of prime importance, whereas I believe them to be valuable adjuvants but secondary to alcohol.

However opinions may differ as to the food value of alcohol in health, results derived from its use in typhoid fever cannot be gainsaid. It is not simply a stimulant to the heart, it prevents a rapid tissue waste, a marked difference in degree of emaciation being observed under the use and non-use of alcohol, its use decidedly retarding tissue waste.

As to indications: The heart will always give notice when to begin the use of stimulants. If, from the beginning of the attack, you have kept up, as you should, an intimate acquaintance with its condition, you will often order stimulants before the increased frequency of the pulse will lead you to do so. Whenever you find the first sound of the heart losing its distinctness, it is time to begin to stimulate your patient, no matter in what stage of the disease this may be. I have frequently heard the remark: "I never use stim-

ulants until the latter part of the third week." In alcoholics the indication for stimulants will come early, almost at the outset, and it is better to anticipate the indications, if you know your patient, than to wait too long for indications. I recall a case in a young man of vigorous constitution, with no organic lesion of the heart, but who had some years previously been a hard drinker. His temperature never exceeded 102 degrees, and in the early period of the attack was but 100½ degrees, and yet his heart gave signs of distress before the end of the first week, compelling a resort to stimulants, which had to be given in full doses all through the attack. Another case resulted fatally from a secondary pneumonia in the fourth week, and I have always blamed myself for it in that, failing to recognize the very young patient as an alcoholic, to all intents and purposes, stimulation was delayed too long.

Old people, too, require early and free stimulation. Patients under thirty do not as a rule require stimulants, but they need be as carefully watched for indications. It is the usual practice, I am aware, when in doubt, to withhold stimulants, but I believe the rule in whist to be the best one to follow: "when in doubt, take the trick." The most harm that you can do will be to produce a little temporary excitement, which will soon pass away.

The two most important factors in the equation, to work out the solution you desire, are quantity and quality. As to quantity: It is impossible to put any limit on the quantity that may be required in a given case. There is no maximum dose, to my mind. Enough is the maximum, and what is enough in one case may be pitifully insufficient in another. The quantity is to be determined by the effect produced. The only guide which it has been my

rule to follow is the disappearance of odor from the patients' breath. In a severe case in a man 56 years of age, complicated with pneumonia, where Cheyne-Stokes breathing was present on three successive nights, the patient received at times a tablespoonful of brandy every fifteen minutes for an hour, then every half-hour; this through the night; the same amount every hour or two during the day. This course was followed for three successive nights, the case then improved, the interval between the doses was gradually increased, guided by the heart's action, and the patient went on to complete recovery. The man owed his life, I think, to the fearlessness of his daughter, a trained nurse, in giving the brandy with a free hand, as ordered, following simply the direction to repeat the dose as soon as the odor disappeared from the breath. When using such frequently repeated doses it will be necessary to call into requisition a fresh nose in order to follow the above indication, else you may overdose your patient. It might be proper to say right here that where stimulants have been so actively demanded, I have never seen them rejected by the stomach.

Brandy I believe to be the best form in which to administer alcohol. None but the best obtainable should be used. Ill-effects, I believe, are due to employment of stimulants when not indicated, or to the use of inferior products. It should be given simply diluted with water. It has always seemed to me an abomination to administer brandy in milk.

It must not be supposed that, in this paper, I am advocating the indiscriminate use of alcohol. In many cases it will never be called for; but I do wish to enter a plea for its use when indicated, and its fearless use, pushing it to the point of saturation, if I may be allowed the expression; and that limit

is shown by experience to be evidenced by the non-disappearance of the odor from the breath. I believe that this use has turned the balance many a time when it was tipping dangerously near the death-line.—J. E. Belleville, M. D., in Hahn. Monthly.

How the Lives of a Thousand Infants Were Saved.

It is claimed that by a systematic effort for the securing of milk free from infection, the health officer of Rochester, N. Y., during the four years ending with 1900, has effected a saving of the lives of a thousand infants. (1) Municipal stations were established, each in charge of a trained nurse. When a mother first called for milk she was required, in the absence of a physician's prescription, to bring the baby with her. There the baby was weighed, and according to its weight (not, as usually, according to age), the child's food was prescribed. The nurse also observes how the child is cared for and offered simple advice relative to its food, clothing, bathing, etc. (2) There are also about 400 milkmen, distributing in the city 60,000 quarts of milk daily. Samples are frequently taken from each milkman's supply and submitted to chemical and bacteriological tests; the stables are frequently inspected. After these examinations and inspections, any needed suggestions are made to the milkman responsible for their condition. A brief statement of each milkman's record, showing at a glance all the important evidence as to the honesty of the man and the purity and food-value of his milk supply, is kept on a large chart in a case with a glass front. The case is locked and placed where it can be consulted by the public.

In the pneumonias of this winter we want to remind our readers of the efficacy of chelidonium. It has many symptoms that will remind you of bry-

onia, the soreness of the eyeballs upon moving them, the cough is rattling and there seems as if much would be raised but it does not come up; the patient is worse in the morning and there is found sharp stitching pains, particularly in the region of the liver extending to the shoulder blade on the right side. In bilious forms of pneumonia it stands above all other remedies. Its complementary remedy, after the discharges become thick, is *pulsatilla*.—Medical Visitor.

Readers of *The Medical Counselor* will notice the advertisement of the Laughlin Fountain Pen on first page of this issue. When ordering, address 254 Laughlin Block, Detroit, Mich., and mention *The Medical Counselor*.

BUSINESS DEPARTMENT.

Rectitis: Operation Advised and Refused; Blood Cured.

By T. J. BIGGS, M.D., Stamford, Conn.

Alonzo H—, age 43, American. Entered hospital June 1st, 1900. Diagnosis: Rectitis. Case of Dr. S.—. The patient said that for three years he had been troubled greatly with constipation, so much so that all medicine that he employed would have at best, very unsatisfactory results, so that finally he had to resort to enemas. The long continued use of this treatment had produced rectitis. He said that with the last six months he had been passing with his stools large quantities of mucus, containing considerable blood, attended with severe pain. The general symptoms presenting, at the time of my first examination, were: Constant nausea, and sensations of burning in the rectum, with a constant desire for stool, with frequent attacks of tenesmus, often so severe as to cause a prolapsus of the mucous membrane. The stools were hardened feces, with occasional scybula from the distended colon. They caused

intense pain, especially when the mass reached the rectum. Another constant symptom was nausea, being more especially marked during the tenesmus; he also suffered with headache, feverishness, and malaise; he had frequent attacks of strangury and involuntary urination. So severe was his condition that I advised operation. This he would not agree to after my having exhausted every other treatment. Consequently I determined to employ bovine.

His secretions were regulated, and the nurse instructed to give him nothing but bovine and milk, a wineglassful every three hours. The rectum was irrigated three times a day with Thiersch solution, followed by bovine-Thiersch injections. From the very first he experienced great relief.

On the 7th, the mucous and blood had decreased greatly in quantity; headache and feverishness had ceased, and he felt greatly stronger. The tenesmus was less frequent and severe. Bovine pure as an injection was now substituted for the bovine-Thiersch, being employed three times a day as before.

On the 15th, he continues to show a decided improvement. The nausea and sensations of burning in the rectum having entirely disappeared, and for two days there has been no tenesmus, and for five days no prolapse of the mucous membrane. The stools at this time were small in quantity and semiliquid, and for a week there had been no involuntary urination. Treatment continued.

On the 21st the patient said he felt well and strong, was allowed to sit up and move about. The rectal injections were employed now twice every twenty-four hours.

On the 27th, a careful examination of the rectum showed it to be entirely healed and in a healthy condition.

On the 28th, he was discharged, cured.

The Treatment of Enteritis With Xeroform.

In order to test the efficacy of the drug, Dr. Giovanni Petrucci, of the University Clinic of Parma, has treated about forty cases, mostly of acute catarrhal enteritis, with Xeroform alone. The dosage was 0.35 to 0.5 gram ($5\frac{1}{4}$ to $7\frac{1}{2}$ grains) in wafers to adults, and 0.1 to 0.25 gram ($1\frac{1}{2}$ to $3\frac{3}{4}$ grains) in gum emulsion for children, at about three hourly intervals. The remedy was always well borne even by individuals who were greatly weakened by age or disease. There were no noticeable by-effects. In two cases only there was a very slight and transitory nausea immediately after ingestion of the drug. Digestion was undisturbed. Pulse, respiration and urine remained normal; the fæces became dark brown. The history of a specially severe case is as follows:

1. Teresa F., 35. Had had enteritis for eight months. It began as a violent diarrhoea, followed by the passage of mucus and blood; pain was marked. Bismuth, opium, astringent injections, etc., did her no good. The pain and diarrhoea returned continually after short intervals of betterment. At Petrucci's first examination, at the beginning of April, he found the patient very badly nourished and weak. The abdomen was tender everywhere, but especially upon the right side. No fever, and no tubercular affection. Urine normal. Xeroform, 0.35 gram ($5\frac{1}{4}$ grains) every three hours was ordered. Next day the dose was increased to 0.4 gram (6 grains). On the third day there was slight improvement, less abdominal tenderness, and more infrequent stools. Meteorism and borborigmi had almost entirely disappeared in a week. She had two stools daily, and there was no mucus in them. Strength and appetite returned rapidly, and after two weeks' treatment she was discharged entirely

cured. The fæces were normal, and all the symptoms had disappeared.

These results need but short commentary. The complete tolerance of the remedy, its absolute innocuousness, and its prompt action are apparent. It is readily intelligible that Xeroform, attacking the cause of the diarrhoea, rapidly relieves its symptoms, meteorism, colic, etc., so that special remedies for that purpose are unnecessary. In acute cases, where its bactericide action is more especially marked, it acts more rapidly than in chronic ones. In the chronic forms the infective symptoms are less marked, and the slower astringent effects of the remedy upon the inflamed mucosa are evident.

Dr. Petrucci concludes that Xeroform is a most excellent remedy for the diarrhoeas of acute enteritis; that it a therapeutic agent which answers all the clinical requirements of an astringent and disinfectant; that it acts upon the intestinal canal alone; and that it is well borne and has no harmful by-effects.—Abstracted from *Rendiconti del l'Associazione Medico-Chirurgica di Parma*, No. 8, 1900.

A post graduate course in Official Surgery will be held at Chicago Homeopathic Medical College, corner Wood and York streets, Chicago, during the week beginning with Monday, April 29, 1901. The course will consist of a four hours' daily session, being both clinical and didactic. For particulars address E. H. Pratt, M. D., 100 State street, Suite 1203, Chicago, Illinois.

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The Medical Counselor.

ANKLE SPRAINS AND THEIR TREATMENT.

By J. IVIMEY DOWLING, M. D., O. et A. Chr., Albany, N. Y.

A paper dealing with sprains is scarcely to be expected from an eye, ear, nose and throat specialist, but during my experience in general practice the treatment for such conditions, that is described in this article, was so uniformly successful that I feel it is legitimate to relate the method which practice has shown to be so valuable to patient and physician alike. Therefore the proposition that:

A sprain is an over-tension of the muscles or ligaments of a joint, with or without laceration, but always accompanied with some effusion, either within the joint or the tissues about it. A strain is simply a soreness of the muscles, ligaments or organs, due to too great exertion of the part, but without effusion. A sprain always refers to a joint, while a strain may involve any part or organ of the body.

It is the province of treatment to supply nature's needs in as natural method as possible, and in the case of ankle sprains I believe this is best obtained by the application of plaster adhesive strips about the joint, in contradistinction to the method of immobilization, either by means of splints or plaster of paris casts.

In the Year Book of Medicine and Surgery for 1897, Bidale still advocates immobilization of the part. His method is to cover the joint with oakum, then apply well padded splints, thus secur-

ing rest and pressure which aid in the absorption of the effusion. He renews the bandage twice a day, in some cases, and allays pain and spasm with Dover's powder or morphine. He believes that if the joint is kept too long at rest there is danger of ankylosis, but if used too soon there is danger of synovitis, which may destroy the joint. On the third or fourth day he uses passive motion in the direction of flexion and extension, but avoids lateral motion in the ankle and knee joints.

While resident at Flower Hospital I became acquainted with the method of treating ankle sprains, as advised in the Dennis System of Surgery and have since used it successfully in a number of cases; one of which I shall cite as an illustration of the superior efficacy of this treatment. February 12, 1897, Irene S., aged 15, was admitted to the Children's Hospital of the Five Points House of Industry, with a history of having slipped and turned her left ankle. After the accident she could not use the foot, but was compelled to hop on the sound foot and use some support. Examination revealed a very tender and swollen condition over the external malleolus, but no crepitation or dislocation. It was clearly a case of sprain, and a bad one. The treatment consisted in the application of adhesive strips one inch wide. Before applying

the straps the leg, if hairy, should be shaved. If, as in this case, the sprain is the external portion of the ankle the first strip should be applied by beginning at the meto-tarsal phalangeal joint of the great toe and carried along the side of the foot close down to the sole around the tendo-achilles to the outer side of the foot, then to the small toe. The next strip begins about three inches above the uninjured side of the ankle and well back, it is carried down along the tendo-achilles under the sole of the foot, then up over the injured side of the ankle and continued up the leg to within three inches of the knee. The remainder of the procedure consists in an alternate duplication of these first strips until the entire injury is covered. Over the adhesive strips a light gauze bandage should be applied. If there is no displacing of the dressing, it may remain in place for seven to ten days, but the leg should be inspected often so that if necessary a new series of straps may be put on.

The result of this treatment is magical, for as soon as the straps are in place the patient should be advised to walk, which he will do, at first carefully, but will soon find that he can walk almost as well as before the injury. This treatment promotes absorption of the effused fluids and the straps take the place of the injured ten-

dons, or rather aid them in their support of the foot.

The patient, mentioned in this paper, was cured within one week, when the straps were removed and the case required no further attention.

Advantages resulting from this method are: That the patient may continue in his ordinary pursuits, providing he does not exercise his foot too much. The danger of ankylosis from non-use is done away with. As to setting up a synovitis from too early exercise of the parts, I believe there is little likelihood of such an accident when this treatment is followed; for the synovitis which follows too early use of a joint when treated by immobilization is due, not so much to the early exercise, but to the weakened condition of the supporting ligaments which allow an unnatural friction of the parts. The pain and spasm which may be present ordinarily are scarcely noticeable under this treatment, and no anodyne is required. There is no necessity of resorting to passive motion, to limber up the joint, for throughout the treatment the natural motion has been exercised.

If the patient has been wearing high-heeled shoes they should be discarded for low ones, and high, snug-fitting uppers should be worn for several months after the accident.

SILICIC ACID—SILICEA.

B. H. LAWSON, M. D., Prof. Practice, Detroit Homeopathic College.

This remedy was first used by Paracelsus, in the treatment of renal and vesical calculus, in some nervous disorders, in suppression of urine, and of milk.

The practical use of this remedy was unknown when Hahnemann took it up,

applied the principle and process of trituration to it, and thereby developed and gave to his followers one of the most valuable remedies of the materia medica.

The physiological action of this remedy is not well understood. Curative

effects we have in abundance. Pathogenic effects, are not as well understood as they should be.

It is in therapeutics that the Homeopath finds a place for silicea.

As a controlling factor we observe its effects upon the nutrition, rather than the functional, activities of the tissues—hence it is adapted to organic instead of to functional changes.

It is the especial remedy for fat people, other things being equal.

It is in suppuration that it has shown wonderful power.

Mercury may avert—Hepar promote—but when suppuration is once established, then Silicea comes in, and if given in high potency and allowed to act undisturbed it will produce effects, unequally by any other remedy in use by homeopaths at the present time.

In simple ulcer, applied locally, and given in potency, it has but one rival, that I am aware of, and that is Carbo. an.

In abscess whether it be pelvic or external, Silicea stands chief of remedies. It promotes healthy granulation, allays irritation, prevents undue waste of tissue, and closes the lesion without loss of function.

Among the group of remedies composed of Sulp, Calc. and Sil, each of whose power in scrofula and rhachitis is unquestioned. I believe that Silicea stands pre-eminently first, especially in those cases where the bony structure is involved, viz.: scrofulous joints, where the origin of the mischief is in the bone rather than in the membranes.

In all such cases it seems that experience has demonstrated the utility of its local use also.

In the initial stage of felon, in housemaid's knee, in perspiration of the feet, especially if they are tender and emit an offensive odor—Nitric acid and Graphites—if the feet are usually cold, if there is unusual sweat about the head—

(Calc. c.)—then you will find silicea a safe remedy and an invaluable one.

In the bad effects resulting from revaccination Dr. Hering found Silicea of high value. My own opinion is that Thuja is more important in this instance, in fact I would not fail to use the Thuja if sil. did not effect a cure.

The Silicea patient is despondent, he will weep for hours, weeps if talked to, has compunctions of conscience about small things, as if he had done great wrong to some one, is very obstinate, quarrelsome, indisposed to perform any labor, has great lack of memory, cannot think, vertigo when going forward; constant, excessive vertigo; vertigo coming from the spine, through the nape of the neck, into the head. This causes a feeling as if he would surely fall forward all the time; she staggers, can scarcely walk on account of the persistent vertigo.

Her headache is worse at night. It comes from the nape to vertex. She says she cannot hold her head; there is great pressure on both sides of the occiput, feels as if the head were full of living things; obscuration of sight (Gels. K. B.); scalp very sensitive, as though she was just recovering from a severe headache.

There is a great deal of sweat on the head, in the evening; the hair falls off in handfuls, the scalp itches intolerably.

In the eyes we find burning of the lids; agglutination, twitching of the lids, objects looked at appear blurred, the eyes cannot endure strong light, obscuration of sight.

In the ears we find the hearing very sensitive, feeling of obstruction, hardness of hearing, chirping, ringing, fluttering noises, paroties swollen and painfully rigid.

Upon the nose this remedy acts with great promptness. Here we have: Painfulness of the septum narium—growing in the upper part of the nose—with great sensitiveness to pressure.

Itching of the nose, the tip being red (Aurum).

Smarting, painful scurf deep in the right side of the nose. Ulcers in the nose (K. B.)

Complete obstruction of the nose; she could hardly talk—found great difficulty in breathing, unless she did so through her mouth. Dry coryza or dry and fluent alternately; coryza lasts interminably for weeks at a time. Pain in throat on swallowing, great chilliness; she had to go to bed to get warm. Fluent coryza following chronic stoppage of the nose.

Pimples on the face. the face is usually pale. The forehead itches violently, chapped face, red, itching, elevated spots in the chin.

Severe toothache when eating, especially when eating warm food; or when cold air gets into the mouth. Digging in the teeth, the teeth are sensitive to cold water. The gums are sore, swollen, inflamed.

The mouth is dry, or there may be profuse saliva—accumulation of water or constant mucus in the mouth. The throat is very dry, sore through deglutition, worse on left side, sore only when swallowing. The taste is bitter, putrid, oily, bloody, sour. He has no appetite whatever. He wants only cold, raw things, or has canine gnawing hunger, generally in the morning.

Has great thirst, with loss of appetite. He feels full, as if clothes pressed upon abdomen (Nux, Lyc). Has sour eructations; nausea after exercise, vomiting

after every drink. Has bad breath—give 30th if Aconite has not cured.

In the stomach a load as of lead, painfulness at the pit, going off by hard pressure thereon.

Colic with constipation cutting pain, without diarrhoea. Burning in the bowels. Hot distended abdomen, generally worse after a meal. Violent rumbling in the abdomen—pain in the right groin. Inguinal glands inflamed, they are very sore to the touch.

Constipation—stools composed of hard lumps—the rectum seems unable to expel the forces—the stool comes to the verge and then recedes into the rectum. Several papescnt stools daily, for several days, day and night without colic—mucus stools—itching of the anus (Lyc).

Involuntary passage of urine, after micturition. unsuccessful desire to urinate.

The urine deposits yellow sand. Reddish, sandy sediment.

Burning urine—scanty emissions, enuresis nocturna. Redness of the prepuce near the corona as if excoriated. Itching humid pimples on the outside of prepuce. Scrotum itching, humid spots thereon. It itches all over. The sexual instinct is increased, or becomes weak and practically extinguished. The menses are too early and too feeble, or the flow is profuse.

Diarrhoea before the menses (Bov).

Constipation immediately before and during menses. Cold feet, during the menses.

FUNGUS HAEMATODES REMOVED BY SILICEA.

April 14th, 1889, Mrs. H. H., about 60 years of age, presented herself for treatment. She had on the palmar surface of the metacarpal phalanx of the left middle finger—a small, purplish venous tumor, occasionally discharging black blood, which kept welling up, sat-

urating the bandage which she wrapped around the finger. Pressure produced a pricking sensation.

There was falling out of the hair, after pneumonia. Scalp sore to the touch; weak feeling with aching and drawing in left groin when walking.

Finger nails, thin brittle, furrowed; occasional sharp pain through left chest; brick-dust, adherent sediment in urine.

April 15th. Weary, constant cold, chilly, uncomfortable feeling across chest; tumor has not bled since yesterday, but is more sore.

June 3d. Has had several doses of Silicea 200, since the 15th of April, and the fungus tumor has not bled for over a week.

Under the rubric: Nails furrowed; we have: Ars., Fl. ac., Saba., and Sil., the last occupying first rank.

Under: Nails brittle; Sil. takes second rank, with Sulph. and Graph., and takes precedence of seven other brittle-nail makers and unmakers.

Under the heading: Fungus haematodes, we find, Silicea taking the lead, with Ars., Carboan., and Phos.; while fifteen more remedies assist their power *ceteris paribus*, to remove a bleeding fungus tumor.

June 4th. Silicea 500, one dose, dry.

July 4th. Our patient went East on a visit and reported as follows: (Letter from Lexington, Mass., dated June 27th). Fungus haematodes bright red, as though it would bleed if uncovered; no soreness; no crawling. Slight pain in the left chest while traveling. Silicea 40m. one dose, dry, sent by mail.

July 14th, Boston. The tumor has

not bled since, but is much swollen and very red; obliged to keep a bandage on the finger; have had some pain in the left chest; weather very warm.

July 25th. Sent another dose of Silicea 40m., which we learned later she did not take on account of other symptoms.

July 30th, Newbury, Vermont. Fungus haematodes not so swollen; now there are three purplish swellings; hasn't bled since leaving home; complains of painful diarrhoea, stiffness in small of back, etc.

August 3rd, Newbury, Vermont. Tumor decidedly smaller.

August 11th, Newbury, Vermont. Now there is only one bright red spot. Late in the autumn of the same year our patient returned to California, but long before her arrival at home, she states, the bloody fungus tumor had completely disappeared.

Thus there were taken several doses of the above remedy. Silicea, in the 200th potency; one in the 500th, and one or two (I never heard whether she took the second dose) of the 40m.

Many years ago, our patient tells us, she had a similar tumor on the thumb, which was cut out, leaving a contraction and an unsightly scar. Which treatment do you prefer. Which is the scientific treatment?—Dr. Ledyard, in Advance.

SABADILLA CHARACTERISTICS.

B. H. LAWSON, M. D., Prof. Practice Medicine, Detroit Homeopathic College, Detroit.

Anxious restlessness.

Vertigo, obscuration of sight.

Aching vertex, pressure in r. temple.

Stupefying, oppressive, tensive pain in forehead.

Stinging, burning, itching of the scalp.

Bleeding from nose.

Throat sore, when swallowing.

Obliged to swallow constantly, pain

as if something had lodged in behind larynx, scraping, dryness.

Constrictive sensation, deep in throat. Aversion to food—no appetite—thirst, for cold water. Desire for sweets.

Nausea and desire to vomit, spits up water, all the time.

Sight of boiled food causes desire to vomit.

Aggravated 4 to 8 p. m.

Cough aggravated as soon as he lies down.

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Editorial.

PRELIMINARY ANNOUNCEMENT OF THE STATE MEDICAL SOCIETY.

The Michigan State Homeopathic Medical Society will meet on the second Tuesday in May, at Port Huron. The president of the Society, Dr. Copeland, has made the suggestion that the meeting be made to partake of an interna-

tional character, and our Canadian fraters are cordially invited to come. Members on this side of the line who have friends across the border are urged to bring their friends over to this meeting.

CONSUMPTION AND THE COURTS.

A most extraordinary verdict was recently rendered by a circuit court jury in the case of the Detroit Health Board against Dr. E. L. Shurly for not reporting consumption as a communicable disease, dangerous to the community. The Michigan law requires that such diseases shall be reported, and the State Board

of Health has been endeavoring for a long while to force the classification of consumption among the dangerous communicable diseases. This jury found that consumption was communicable; second, that it was not dangerous to the community, and thirdly, Dr. E. L. Shurly was guilty in not reporting the

disease. The trial judge recognized the absurdity of the verdict and ordered a finding for the defendant. The trial of this case brought forth a wide difference of opinion among leading physicians as to the communicability of the disease and the advisability of putting the cases upon record at the Health Office. Laboratory physicians and theoretical workers insisting strongly the necessity for stringent measures, while practitioners of long experience generally were as strongly opposed to the plan. The theory of the Health Board was summed up largely in the appended testimony of Dr. Vaughn, dean of the University Medical School:

Consumption, said the witness, is one of the most dangerous diseases known to medical science, and one of the most fatal. More people die of it than any other, statistics showing that it causes one-seventh of the death total. It is most prevalent among the civilized, Germany being first, with Great Britain and the United States following. There is no specific for the disease, but many persons recover.

Consumption is especially dangerous, because it is communicable from one person to another; directly by inoculation, indirectly by the dissemination of its germs. When the tissues of diseased lungs begin to break beneath the ravages of the bacilli, the patient will cough them up in millions in sputa, and unless they be destroyed by burning or the use of certain acids, when the sputa dries the germs will float away in the atmosphere, and other victims will be inoculated by inhalation.

The bacilli are very tenacious of life. In sputa that is exposed to the direct rays of the sun they may die in a few hours, but in a room they will live months, even if they have no food. Upon a bit of potato inclosed in a seal-glass tube they will exist a year or more. In 1898 the doctor placed some in a culture tube, forgot all about them until recently, and then found them alive.

The air breathed from the lungs of a patient is free from bacilli, and for that reason it is safe to attend a consumptive, and even to sleep with them if care be taken that no sputa be ejected upon the person, or any substance or moisture from the mouth or nose in coughing or sneezing.

Very few babies have consumption, even if their parents be consumptive, because the disease is not hereditary; but babies may be inoculated by the kisses of their mothers, and the development is rapid.

Consumption is most prevalent where several persons live in close contact, as in convents. It may be contracted from food, and especially the milk of consumptive cows. This is one reason why the disease develops in children that are apparently healthy.

It is of the utmost importance that all cases should be reported to the health authorities that they may be properly attended to. The sputa should be destroyed by fire. If it be thrown out it will dry, the bacilli liberated, and they will be blown about in the atmosphere. He had treated hundreds of cases in private families and had never known another case to result therefrom. This was because the sputa was destroyed.

Climate is a cure for consumptives only because it may improve the general health, and a person in good health has the power to withstand the development of the germs; may hold them in abeyance all through life and die of old age.

This witness made the idiotic statement that more danger was to be apprehended from sleeping with a consumptive than with a case of small-pox.

Dr. Ernest L. Shurly, the defendant, testified that he had been a medical practitioner since 1865, and, including his work in hospitals, has treated more than 2,500 consumptive patients. Observation and experience have convinced him that the disease is not communicable. If consumption is an infective disease it

must have a fixed period of incubation, but the theorists who have testified in this case, say the development comes in from one to ten years. He has experimented with animals for a dozen years. The guinea pig is commonly used for this work because it is the most susceptible to poison of all animals. Long ago he discovered that those obtained from abroad, and which are generally used, are not healthy, and consequently the tests unreliable. For this reason he has for years bred them.

Most of his test work has been done with monkeys, for the reason that their structure is nearest that of mankind. Monkeys can and do eject their sputum at times, but he had never observed communication of consumption from a sick to a well one, although confined in the same cage.

Dr. Shurly further testified that he is connected with the medical staffs of Harper, St. Mary's and St. Luke's Hospitals, but had never known a case of consumption that was due to contact. The chief cause is hereditary, and other prominent ones are influenza, alcoholism, peritonitis, diphtheria, and diseases of a private nature. The so-called vital statistics are of no value because there are so many medical practitioners who can neither diagnose nor treat a case properly.

He had never known a case contracted from the communion cup, spoons, kisses, or anything of the kind. Such statements should not be made unless proof is ready, and there is no proof. Cancer, pneumonia, cholera infantum and measles are more common than consumption, and the first two are more fatal. From 60 to 65 per cent of consumptives recover; none of cancer. Witness had more than once cut his hands while making a consumptive autopsy, but there were no evil effects. If bacteriologists are correct in their assertions, the consulting offices of physicians must be filled with bacilli, but office assistants never

suffer. Two-thirds of the cases of consumption are inherited, are chronic, and the patient survives from one to two years. There are very few acute cases.

He had dried sputum, pulverized it, and blown the dust into the mouth and nostrils of three monkeys confined in a cage, doing this from one to three times per day for three weeks. He got as much of the dust as the monkeys, but was not affected. Two of the monkeys contracted tuberculosis; the other did not, but died from pneumonia.

In conclusion, Dr. Shurly repeated that a very large number of cases of consumption are directly caused by diseases of a nature that, were the cause to be disclosed, the happiness of the family circle would be jeopardized, and no self-respecting physician will betray the secrets of his patients. If he did, he said, he ought to be hung.

One witness testified that he had been in practice for sixty-five years, and in all his experience could not point to a case that had been communicated.

With such varying testimony from the experts it is a matter of small wonder that the jury was very much muddled in its verdict. We are inclined to think that most physicians in actual practice—not in the laboratory business—will admit that consumption sometimes may be communicated from one person to another, but very rarely. It certainly cannot be classed with such diseases as smallpox, diphtheria, scarlet fever and the like, which are dangerous to the community. We cannot agree with the supposed advisability of compelling the registration of patients afflicted with consumption, if, as it is claimed, it is purely for statistical purposes and for the further dissemination of knowledge concerning this disease, then they might be reported by number and kept secret.

The physician in charge can as intelligently instruct his patient in any necessary measures of public and private safety as any boards of health.

If registration is to be compelled as a means of bringing about isolation or in any way marking the patient for life as "unclean," then we must emphatically protest, for we believe it to be an infringement of one's private right, and would lead to the suppression of cases. It would not be long then before we should be furnished with most wonderful statistics of how the disease had been checked since registration had been adopted. These statistics would be very valuable, like many other things, only, like the moral in the boy's story, "It ain't so."

Even those witnesses who believed most thoroughly in the contagiousness of the disease agreed that light and air were the best curatives for the disease. It is hard to see how registration could furnish more light or more air to the unfortunate victims. Like Hester with her scarlet letter, the suspects upon

whom this new inquisition is to be fastened would be daily doomed to meet some new form of torture, some new trial added to their already overburdened natures.

Were every tubercular bacillus wiped from the face of the universe, these poor weaklings with their viscous, undermined constitutions would melt away just as they do now upon the approach of the dread destroyer.

It seems to us that with our enlightened ideas upon the subject of consumption more can be accomplished by the dissemination of information by the family medical adviser, by newer methods of medication, nursing and climate changes, by the intelligent discrimination in marriage against families and individuals known to be susceptible to the disease, than can be accomplished by piling up statistics as high as Ossa on Pelion.

SURGERY! SURGERY! SURGERY!

Frank Kraft, in a recent editorial in the American Homeopathist, refers to a letter by Dr. Timothy F. Allen in The Homeopathic Record, as follows:

"It will take something more convincing than this letter to halt the modern medical profession in its mad career toward surgical insanity. The two cases to which he refers as cured by remedies after the surgeons had practically given them up, are but little straws floating on the current of things to point the way to the river. Surgery, surgery, surgery! The student has but crossed the threshold of the college before he imbibes the blood-thirst; and, forsaking all other things, attends the bloody chairs. It is a reversion to the original type, that type which is but latent in the race. We still build most of our monuments to generals and to those who overcome with brute force. Will the modern medical blood trend ever cease? Not while the medi-

cal schools fills twenty surgical chairs and but three or four purely medical—if there be anything pure left with the taint of blood over all. See the hospitals. In the not very distant past the hospital was a blessed sanctuary for people to get well in under the gentle ministrations of trained but gentle hands. Now there is not an hour of the twenty-four in these hotels Dieu (!) in which some poor maimed one is not filling the halls and rending the air with the cry of pain and agony. The trail of blood is over all. The modern student when he leaves his alma mater looks about him at once for a Frankenstein horror—a complicated operating chair and a basket full of instruments. His medicine case likely enough filled with combination tablets prepared and labeled by the nearest, to him, homeopathic pharmaceutical company. Surgery is his first thought. Medicine his second. It requires dash

and courage and good spectacles and technique to be a surgeon. An old woman can prescribe nux or podo or veratrum.

"So it would seem we are not alone in our belief that Blucher or night must come speedily to modern Homeopathy, or else there will be no longer any Homeopathy. Timothy Field Allen stands out boldly against the horizon of modern medicine, and calls a halt. And who could know this better than this eminent teacher, practitioner and author? He sees ground slipping from under the homeopath's feet."

We are surprised by such a lugubrious wail from the Homeopathist's editor, usually so cheerful, and radiating always the sunshine of brotherly love.

We have read Dr. Allen's communication to the Recorder and the account of his cures. Surely they were remarkable cases, and we do not wonder that Dr. Allen was dumfounded at his success. His accounts read like the tales from Munchausen. The cases must be set down, however, as medical curiosities, alongside the fibroids which disappear after an exploratory incision or the epilepsies cured by a cut through the scalp. In spite of Gelseminum or Proosphorus or any other remedy, cancers and malignant sarcomas will claim their annual horrible harvest. We think the harvest would be smaller if surgery were resorted to earlier and medicine less often.

There should be no conflict between medicine and surgery. They are both parts of a grand, magnificent profession, twin sisters seeking to ameliorate the woes of mankind. If one be more showy than the other, so must it be; both cannot be the same, any more than the rose can be like the lily. The student is naturally more impressed with what takes place before his eyes in the way of operations than by the slower, quieter,

though none the less effective work of medicine, much of whose action he cannot see. However, not every graduate will find the public flocking to him for amputations, sections, enucleations, appendectomies and the like; he must be contented with boils and fractures and wounds and bruises until age and experience give him skill and the people confidence.

He will find that a close prescription will help him more than a bizarre operation, to get patients; that a live woman cured of a sore throat is a better advertisement than a dead man helped into heaven by a successful display of the ligature and knife.

If there be such a prejudice against *materia medica* as Brother Kraft would have us believe—but of which we are not convinced—is it not because the teachers and self-styled champions are so dogmatic, so mystical and so self-righteous, that no company but their own is congenial? Homeopathic *materia medica* is often taught and paraded in public so that no one but a mystic or a disciple of Blavatsky can understand it. Its champions are constantly denouncing as heretics anyone who has the temerity to disagree upon some pet theory or indulge in new speculations or fresh mental diet. Again, if a humble member of the profession happens to display a natural mechanical skill and follow into surgery the innate strivings of his nature, he is relegated to the outer darkness as a man of blood, or if pathology be his longing—why, that is foolishness.

If homeonathy is to continue to exist as a school—and not as an adjunct professorship—it must combine with its law of similars, knowledge, and its *materia medicists* must consider themselves of the same clay as the rest of the profession.

DEATH OF DR. RORABACHER.

Dr. Miles Rorabacher died at his home in Battle Creek, March 11. He was born in the town of Salem, Washtenaw county, Mich., Jan. 28, 1835. His parents, John and Sarah A. (Coone) Rorabacher, were of the pioneers of his native town. He received an academical education, graduating at the State Normal School at Ypsilanti. His education he made practically useful to himself and others by teaching, which occupation he followed several years. In his boyhood he had made a choice of the medical profession as his life's occupation and at the age of twenty-two he entered the office of Dr. Woodruff, of Ann Arbor, as a student of medicine. He took two courses of lectures at the State Medical College, at Ann Arbor, and completed his medical education at the New York Homeopathic Medical College, where he graduated with honors in 1868. Shortly after his graduation he came to Litchfield and established himself in the

practice of his profession, where he was very successful. Early in the 80's Dr. Rorabacher removed to Battle Creek where he soon became very popular.

The doctor was prominently identified with all matters pertaining to his profession. He assisted in the organization of the Homeopathic Medical Society of Michigan and was one of its charter members. He was also a member of the American Institute of Homeopathy.

In March, 1858, Dr. Rorabacher was married to Miss Julia A., daughter of Philemon Murray, Esq., of Salem. He leaves a wife and two children.

Dr. Rorabacher was one of the finest of Christian gentlemen and his death will cast a gloom of sadness over a deservedly wide circle of friends and acquaintances. None knew him but to admire and respect him and their loss will be felt in the social and church circles in which he moved and acted.

COMMUNICATIONS.

Editor The Medical Counselor:

My Dear Doctor—An especial effort is being made this year to extend the work of our national organization by increasing its toll of membership. Special committees have been appointed in every state and the work is being systematized so as to extend a personal invitation to every homeopathic physician in the country.

It is a lamentable fact that less than one-fifth of the physicians practicing homeopathy are members of the representative organization of the school. What homeopathy is to-day is due to this society, and what homeopathy shall be in the future depends upon this society. It has, through its existence and

work, secured privileges and protected the rights of every homeopathic physician in the land. It has made a recognition and standing for every one of its practitioners. The battle to protect the rights and to secure additional privileges to homeopathic physicians is not and never will be ended. It is therefore of vital importance in order to secure the greatest good to all that this suggestion be strengthened in every way possible. It is furthermore a duty that every member of our school owes to himself and to the cause of homeopathy to support in every way possible the American Institute.

Every physician of our school can and should aid in this work by supporting and indorsing, by membership at least, the efforts of the society.

Every physician is urged to become

a member of this association now. Application blanks will be furnished by the secretary or by any of the following members who are acting as chairman of the special committee in their state to secure new members:

Dr. W. E. Green, Little Rock, Ark.; Dr. Florence N. Ward, 806 Sutter street, San Francisco, Cal.; Dr. Hugh M. Patton, 125 Mansfield street, Montreal, Canada; Dr. D. A. Strickler, 705 14th street, Denver, Col.; Dr. Edward Beecher Hooker, Hartford, Conn.; Dr. L. B. Swornstedt, 1455 14th street, Washington, D. C.; Dr. Henry M. Paine, Atlanta, Ga.; Dr. Joseph C. Cobb, 254 East 47th street, Chicago, Ill.; Dr. M. K. Kreider, Goshen, Ind.; Dr. George Royal, Des Moines, Ia.; Dr. M. Dills, Carlisle, Ky.; Dr. James S. Barnard, 2112 N. Charles street, Baltimore, Md.; Dr. John P. Hand, Monson, Mass.; Dr. Roy S. Copeland, Ann Arbor, Mich.; Dr. W. S. Briggs, St. Paul, Minn.; Dr. D. A. Foote, Omaha, Neb.; Dr. G. Herbert Richards, Orange, N. J.; Dr. John B. Garrison, 111 East 70th street, New York, N. Y.; Dr. H. E. Beebe, Sidney, O.; Dr. T. H. Carmichael, 7127 Germantown avenue, Philadelphia, Pa.; Dr. George B. Peck, Providence, R. I.; Dr. M. J. Bliem, San Antonio, Tex.; Dr. C. E. Grove, Spokane, Wash.; Dr. J. M. Fawcett, Wheeling, W. Va.

The above members of the institute have accepted the chairmanship and have selected their associates, all of them taking active interest in the work for the benefit of the cause.

Every member should, through love of the institute, give enough of his time to extend a personal invitation to at least one or two of his friends.

Many physicians we find are not only willing but pleased to join the Institute when personally invited to do so, and when told that the necessary three indorsers will be found for them. They have delayed in many instances by not

knowing whom to ask to indorse their application.

The cost of membership, which accompany the application, is \$7, which covers the certificate of membership and the first year's dues.

A. B. NORTON, M. D.,
President.

EUGENE H. PORTER, M. A., M. D.,
181 West 73d Street, New York City,
General Secretary.

A woman and her son left a small-pox infected house in Detroit March 7 before the disease was recognized, and went by railroad to Carson City, Montcalm county. She probably traveled on three railroads. Travelers, trainmen and station employes would do well to be vaccinated. So would the people generally.

HENRY B. BAKER, Sec'y.

Michigan State Board of Health, office of the secretary, Lansing, March 9, 1901.

The annual re-union and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 15th, 1901.

The business meeting will convene at 4:30 p. m. in Alumni Hall, Hahnemann Medical College, Broad street above Race, Philadelphia, and the banquet will be held at 9:45 p. m. at Horticultural Hall, Broad street above Spruce.

The trustees and faculty of the college extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-third Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust streets, Philadelphia.

Banquet cards can be secured by notifying the secretary. Requests received after Tuesday, May 14th, 1901, cannot be considered.

W. D. CARTER, M. D., '94 Sec.,
1533 S. Fifteenth St., Philadelphia.

A suit for \$20,000 against Grace Hospital was decided last week by the courts in favor of the hospital. The suit was by the father of a boy brought to the hospital in 1898 after an accident in which his hand had been crushed by a freight train. Dr. Fletcher, then house surgeon amputated above the wrist. The contention was that the hand could have been saved. Drs. Remington and Hagety, assistants upon the house staff at the time, and Dr. S. H. Knight, visiting surgeon, testified for the hospital. Dr. Fletcher is now in the U. S. service in Manila and could not testify in his own behalf.

In the Michigan Monthly Bulletin of Vital Statistics, soon to be issued by the State Department, the report of the Secretary of the State Board of Health, based on the sickness statistics, will show that in the month of February, 1901, compared with the average in the ten years preceding, scarlet fever, typhoid fever and smallpox were more prevalent; and intermittent fever, diphtheria, remittent fever, measles, whooping-cough and cerebrospinal meningitis were less prevalent, in the February just passed.

We learn from the Regents of the Southern Homeopathic College that all arrangements have been completed to break ground for the new college building as soon as the present cold weather will permit. The new building is to be erected on one end of the Maryland Homeopathic Hospital property. This property, of about two acres, is situated on one of the highest points of the city and in a district that is well calculated to afford ample clinical material that may be utilized by the college students. The college has secured a lot 55x110 feet on which to erect a suitable building, and are assured that the new college will not be lacking in anything

needful for the teaching of modern medicine and surgery or in comforts for the attending students.

We welcome this move on the part of the college, ensuring as it does the stability of both institutions and being an earnest of the progress of homeopathy in Maryland that should continue during the twentieth century.

Smallpox was reported present in Michigan during the week ending March 2, 1901, at 54 places, as follows: Burt tp. (Alger Co.), Limestone tp., Munising tp., Munising village, Fenntown, Elk Rapids tp., Pinconning tp., West Bay City, Watervliet tp., Coloma, Chandler tp., Whitefish tp., Sault Ste. Marie, Redding tp., Clare, Littlefield tp., Maple River tp., Wheeler tp., Alma, Chassell tp., Laird tp., Lansing, Deerfield tp., and the following four townships in Isabella Co.: Denver tp., Gilmore tp., Union tp., and Vernon tp.—Nottawa tp., Mt. Pleasant, Kalkaska tp., Grand Rapids, Garfield tp. (Mackinac Co.), Manistee, Ishpeming, Custer and Sherman townships in Mason Co., Ludington, Hinton tp., Norwich tp., Casnovia tp., Home tp. (Newago), West Bloomfield tp., Pontiac, Bridgeport tp., Saginaw, Delaware tp., Doyle, Harrison and Thompson townships, and Manistique village, Schoolcraft Co.; Burr Oak village and township, and Ann Arbor.

Since January 1, 1901, 48 final reports have been received of outbreaks of smallpox in which the disease had ceased, and in 34, or 71 per cent, of those outbreaks the disease was restricted to the one household where the first cases occurred. In a number of other outbreaks where the disease was not restricted to the first household, it was first called chickenpox, or "Cedar Itch," and thus allowed to spread before restrictive measures were taken.

Dr. Bizzozzi in a lecture delivered at Rome, recalled strikingly to his audience the success of vaccination in Germany. He said: "Germany stands alone in fulfilling in a great measure the demands of hygiene, having in consequence of the calamitous smallpox epidemic of 1870-71 enacted the law of 1874, which makes vaccination obligatory in the first year of life, and revaccination obligatory at the tenth year. What was the result? With a population of 50,000,000, having in 1871 lost 143,000 lives by smallpox, she found by her law of 1874 the mortality diminished so rapidly that to-day the disease numbers only 116 victims a year. These cases moreover occur almost exclusively in towns on her frontier. If it were true that a good vaccination does not protect from smallpox, we ought to find in smallpox epidemics that the disease diffuses itself in the well vaccinated no less than in nonvaccinated countries. But it is not so. In 1870-71, during the Franco-German war, the two peoples interpenetrated each other, the German having its civil population vaccinated optionally, but its army completely vaccinated, while the French (population and army alike) were vaccinated perfunctorily. Both were attacked by smallpox. The French army numbered 23,000 deaths by it, while the German army had only 278, and in the same tent breathing the same air, the French wounded were heavily visited by the disease, while the German wounded, having been vaccinated, had not a single case."

In the most recently published volume of the Proceedings of the Philosophical Society of Glasgow (says the British Medical Journal of February 9, 1901), R. S. Thomson, M. B., B. So., visiting physician of the Glasgow Smallpox Hospital gives the result of ten years (1889-98 inc.) experience with

smallpox in Glasgow's great hospital at Belvidere.

It is shown that of the 797 cases of smallpox treated, 709 had been vaccinated at some time in some manner. That of those 709 cases, 35 or 3.52 per cent died; 21 were classed as "doubtful" as to vaccination and of them 6 or 28.57 per cent died. Finally, of the total number 67 had never been vaccinated and of them 31 or 46.30 per cent died. It is noticeable that there were a less number of deaths among the 709 vaccinated persons than among the 67 known to be unvaccinated.

Concerning the severity of attack, as indicated by the character of the facial eruption, no less than 95 per cent of the 709 vaccinated had a mild or "discrete" attack, 4 per cent had a severe or "confluent" eruption, and only 1 per cent had the very fatal form known as "hemorrhagic." Among the 67 unvaccinated patients only 30 per cent of the attacks were discrete, while 67 per cent were confluent, and 13 per cent hemorrhagic.

Under the caption as "Old-Time Remedies," etc., the newspapers are printing various alleged remedies for tion and advice, it should be remarked that it is simply a case of "the blind smallpox, as seems to be their custom during every epidemic of this disease. As to the reliability of such prescribing the blind," and that the newspapers should refuse to incur responsibility for circulating prescriptions from irresponsible sources which may result in much suffering and even death. A copy of a recent issue of a Michigan daily, under the heading "A Simple Cure for Smallpox," gives three such prescriptions; not one of these should be used in any case. It is certainly dangerous to intrust life and health to newspaper-prescribed doses of saltpetre, cream of tartar, etc. A person manifesting any of the symptoms of smallpox should immediately be placed under the care of a reputable physician, and not depend on newspaper remedies because they are "simple" or cheap.

The Curability of Cancer.

Tumors, under which generic term I include all abnormal growths, malignant and non-malignant, must be regarded from our Hahnemannian standpoint according to their origin as psoric, sycotic and syphilitic. For the purpose of the faithful homeopathic physician whose only object is to cure the patient, the ordinary classification of benign and malignant should be put aside, or else in ascertaining what is curable about a case, if we accept the ordinary pathological dictum we shall prognose that tumors of a certain type are malignant and therefore incurable, and furthermore are fit subjects for palliative rather than curative treatment, or for the knife rather than a remedy, no matter how well indicated.

This, the usual allopathic method, is to the correct homeopathist, an utter absurdity, for true homeopathy regards tumor as but one of many symptoms which nature furnishes as guides for treatment. In other words, the Hahnemannian must always treat the patient and not the tumor, and must therefore form a prognosis from the symptoms of the patient rather than the character of the growth. Nothing could be more foreign to the spirit and purpose of homeopathy than the following statement recently issued under cover of professed homeopathy of the purest kind: "Any nodule, not of inflammatory character, that appears in the breast of a woman, should be removed without the slightest delay or hesitation."

Such a practice, I maintain, is utterly unhomeopathic and always results unfavorable to the patient; for when the lump is really malignant, removal is but a temporary palliative, always followed in time by a fatal result, and when benign, followed for years and often for life by a train of troublesome and well-nigh incurable symptoms.

The removal of a tumor at any stage

of its growth is but a suppression of one symptom, which hinders nature's expression of the true condition and not only mutilates the patient, but what is worse, mars the picture of the case upon which the homeopathist depends as the basis for treatment. The most serious result, however, from the standpoint of our distinctive pathology, is the cruel knock-out blow which the vitality suffers when a tumor is removed; for unlike some other forms of suppression, nature usually cannot re-establish the equilibrium by restoring the tumor, or when she succeeds in so doing it occurs in a different location and is usually much less responsive to treatment.

The question of malignancy, or rather the curability of any tumor, depends upon the vitality of the patient; if this be in a crisp, elastic condition, any tumor, no matter how malignant, is curable; but if, on the contrary, the vitality has been lowered by care, worry, overwork, or prolonged sickness, and especially by partial or complete suppression of the tumor by ointments, caustic plasters or the knife, the prognosis is unfavorable for the patient no matter how harmless the growth itself may appear to be. True, the mere existence of a tumor at all is to some extent evidence of enfeebled vitality, or rather of such a serious hampering of the vital processes by one of the miasms that nature is unable to dispose of the internal trouble by any less dangerous method; and to my mind no procedure can be more harmful than the removal of nature's relief effort.

Case I. Mrs. A., farmer's wife; large, strong, well developed woman. Was in perfect health when she suddenly discovered one breast completely solid, but without any pain or soreness; the discovery was quite accidental and she had no idea how long it had been growing. as usual in such cases, panic seized her and a removal was promptly

effected. Her health remained fairly good for a year, when she declined rapidly, the principal feature of the case being agonizing pains across and through both shoulders, which caused unconsciousness for hours or even days, her life being several times despaired of.

She came under my care about two and a half years after the operation, and I first saw her in one of these alarming attacks. A dose of *Medorrhinum cm* brought about a favorable reaction with the ebullition of a rash; this lasted for a time, but the disease continued to progress until she died about four years after the operation of fibroid rhthisis, which led me to believe that the original tumor had been also of that character.

Cases are presented to one's notice almost daily showing the harmful results of the removal of small benign tumors.

Case II. Very similar to the foregoing, but in marked contrast, showing the curative action of the homeopathic remedy. A large, stout, hearty Irish woman about 40 years of age, had a cancer of the left breast of very recent growth. She had been condemned by the allopaths and came to this city for removal of the tumor, but some friends brought her to me. The whole breast was absolutely hard, almost a rocky hardness, and the nipple was strongly inverted; she ascribed it to a hurt from carrying a large armful of wood on the left arm, pressing heavily against the breast. I gave her one dose of *Conium cm* and a supply of placebo; she returned in one month entirely cured, the breast being as soft and natural as the other.

Case III. Last winter a lady whose sister died of cancer two years before, consulted me about a lump in her breast about the size of a goose egg. After studying the case a dose of Sulphur was given and a cure resulted in six weeks.

Case IV. A seamstress had a large bluish red tumor on the right thumb which an allopath was about to remove by excision when she consulted me. The symptoms all pointed to *Natrum mur*, one dose of which effected a cure in a few weeks.

Case V. Reported by my confrere, Dr. Quackenbush: A woman 37 years of age had been under old school treatment for three years, with abundance of quinine. She was suffering with Bright's disease and had a tumor in the left breast five inches in diameter. She presented all the characteristic features of a *Sepia* case, and one dose of the remedy entirely cured her in three months, and she remains a well woman to this day.—D. C. McLaren, M. D., in *Medical Advance*.

Care of Hair.

Preserving the natural polish of the hair can only be done by judicious attention. Unwashed, effete epidermic particles in most cases accumulate around the roots of the hairs, and encourage, if they do not directly cause, diseased conditions. These cannot be removed by brushing, which, if at all vigorously carried out, like the small-tooth comb, rakes the scalp and eventually renders the plight worse than before. If a well-made fluid superfatted soap, in which the alkali is potash, and not soda, be sprinkled over the head, then sufficient warm soft water be added from time to time, first to produce a lather, subsequently to wash out this lather, and with it the incorporated dust, the hair, when dried, will be found to be left soft and flexible, while the scalp has no sensation of tenseness. Or, in place of the soap, one may have recourse to an infusion of quillaia bark in warm water. This contains saponin, which emulsionizes the fatty matter and floats off the dirt. Another safe and excellent shampoo is yelk of egg beaten up; this in like manner combines with the fat and renders it removable. The proper use

of the hair-brush is to polish and dress the hair, not to remove scurf. Therefore, a brush with long and fairly widely set bristles should be used, not what is termed a hard and penetrating one. A comb with wide-set teeth should be used to arrange it, and in women it ought not to be dragged when put up. In many cases it is advisable to employ some artificial lubricant; fresh almond oil is that which has seemed to some nearest the natural unguent. Almond oil is improved by the addition of a little oil of eucalyptus, globulus and resoroin. This oil is applicable to the beard and moustache as well, and restrains the propensity to become gray. The best way to use it is to smear a little on the teeth of a dressing-comb, and thus to convey it to the hair in passing it through.—W. Allan Jamieson (Edinburgh Med. Jour., December, 1900).

Care of Children.

There is great opportunity and demand for some medical artist of the pen to paint, in glowing terms, the lot of children as it really is, and it should be.

Even the most loving and well-meaning parents are strangely neglectful of the best interests of their little ones. Very few children are understood or properly managed. They are governed by caprice; the whims and convenience of their elders receiving first consideration. If it were not that Nature is very strong in children, as in all weak, defenseless creatures, few of them would grow up to healthy man and womanhood.

The old, selfish attitude of parents to children was that of ownership. Such an attitude makes slaves of children, and robs them of their natural rights. Such advantages as they enjoy then come under the head of privilege, indulgences, for which they must pay court to parents and render unquestioning obedience.

The true view of parentage is that of a trust. A child is a little bundle of propensities and inclinations, to be trained to self-government, good and industrious habits. To this end it must have a strong and vigorous body, mental and moral discipline. Comparatively few parents try to fulfill these requirements by any regular system of management.

The great majority of children sleep when and where they can. There is no particular bedtime or nap hour. They eat irregularly anything that comes to hand. Bathing is negligently performed. If they are sensitive to cold, the cause of this sensitiveness—usually an unhealthy skin or lack of hemoglobin in the blood—is not sought and treated, but the child kept close in the hot, stuffy house, and loaded down with clothes, debarred from outdoor exercise in contact with the life-giving air.—Medical Brief.

Christian Scientists Not Insurable.

In the July issue of the Journal the fact was noted that the fraternal beneficial organization known as the Knights of Honor had ruled that persons believing in the doctrines of so-called "Christian Science" would not thereafter be received into membership. This action was taken because it was seen to be reasonable not to take any risks upon the lives of persons who refuse to avail themselves of the accumulated knowledge of medical science when they are ill. It is now learned that one of the greatest and most conservative life insurance companies in the world, the Mutual Life Insurance Company of New York, without making any parade of the matter, refuses to issue policies upon the lives of "Christian Scientists." These facts are not noted to give these organizations credit for doing that which common sense and good business policy suggest, but to show the very fact that, viewed from the commercial standpoint, the "Christian Scientist" and faith curist are recognized as persons who do not take average care of their lives. For insurance purposes they are being classed along with the habitual drinkers and those who follow hazardous occupations.—Cleveland Journal.

Notes and Personals.

Texas is said to be a good place for homeopathic physicians, and has a fair medical law. Write to W. D. Gorton, M. D., Austin, Texas, for further particulars.

Lewiston, N. Y., a prosperous town on the Niagara River and a few miles below the falls, is reported as an excellent location for some active homeopathic physician.

The Medical Board of Grace Hospital gave a Valentine supper in aid of the library fund of the Grace Hospital Nurses' Home. A sum of over \$250 was realized from the supper.

The Grace Hospital Detroit treated during the last month 44 medical, 28 surgical, 20 gynaecological, 4 obstetrical, 2 ophthalmic patients. The dispensary treated 320 cases; ambulance runs, 56.

A work on "Mental Diseases and their Modern Treatment," by Dr. Selden H. Talcott, Superintendent of the Middletown (N. Y.) State Homeopathic Hospital for the Insane, has just been issued by Boericke & Runyon. This book will be welcomed by the profession.

Dr. Dean T. Smith, of Jackson, Mich., has been appointed assistant professor of surgery during the second semester of the homeopathic department of the University of Michigan. Dr. Cornue, of Ypsilanti, held the position the first semester. Dr. Smith will stay in Ann Arbor during the term.

The Faculty of the Detroit Homeopathic College gave a reception to the students at the residence of the president, Dr. C. C. Miller, No. 31 Winder street, Detroit, on the evening of Friday, March 15th. Nearly one hundred were present. Music and refreshments served to make a pleasant evening.

The Secretary of the American Institute announces the result of the vote as to the place of the next meeting: Richfield Springs, N. Y., 469; Niagara Falls, N. Y., 281; Montreal, Canada, 56; Cambridge Springs, Pa., 27; blank votes, 36; total vote, 869. We never took much stock in the advertising of private watering places by the Institute, but if the majority wants to go to Richfield Springs, so let it be.

The Dr. C. E. Sawyer Sanatorium Company has purchased additional property, adjoining the present building, which they propose to fit up especially for the treatment of nervous cases. This new feature will be entirely separated from the present building and will enable Dr. Sawyer to take care of a class of patients he has heretofore been unable to accommodate.

Dr. Homer C. Brigham, of Grand Rapids, Mich., has been appointed by Gov. Bliss as a member of the Board of Trustees of the Northern Asylum for the Insane for the next two years. Gov. Bliss appointed a politician instead of a homeopath upon the Detroit Board of Health, and it is due our school to make up to us as much as he can.

On February 5, 1901, the Dr. Benjamin F. Bailey Sanatorium Company was organized at Lincoln, Neb., with a capital stock of \$50,000. The company has purchased the old Normal dormitory building at Normal, which will be completely refitted, heated by steam and lighted by electricity. The grounds cover five acres. It is a three-story building and contains more than sixty rooms.

Dr. Kraft's next European tour will include Queenstown, Cork, Lakes of Killarney, Dublin, Liverpool, Kenilworth, Stratford-upon-Avon, London, Amsterdam, Brussels, Cologne, The Rhine, Heidelberg, Berlin, Vienna,

Venice, Rome, Genoa, Lucerne, Strassburg, Metz, Paris, and other intermediate points. Will sail from Philadelphia in July. Absent forty-five to fifty-five days. Terms moderate. Apply early.

Prof. William Tod Helmuth, of New York, has been appointed to write the article on Homeopathy in the new edition of the Encyclopedia Britannica. No more fitting appointment could be made, as Prof. Helmuth is fully conversant, not only with the status of homeopathy in the United States, but also in the world. We congratulate the editors of the Encyclopedia in selecting a homeopath and not an allopath to write upon homeopathy.

At the Denver Homeopathic College alumni courses, 1900-1901, Prof. David A. Strickler, M. D., will give the introduction to the fifth and last lecture of the course. Subject: "Some General Thoughts in Medicine." Dr. William Lloyd Miller, of Greeley, Col., will give the address of the evening. Subject: "The trials of a Country Doctor." After the close of the exercises light refreshments will be served. To be given at college building, Thursday, March 21, 1901, 8 p. m.

In 1899 there were 156 medical schools in the United States, with 5,735 instructors and 24,119 students. The growth in students in 21 years has been 142 per cent. Of the 156 schools 21 are homeopathic, with 1,833 students. The ratio of physicians to population in the States is 1 to less than 600. In the British Isles 1 to about 1,100, in Russia 1 to about 8,500. The United States is said to have in proportion to its population four times as many physicians as France, five times as many as Germany and six times as many as Italy.

A considerable proportion of the deaf and the dumb and the blind can attribute their contagion to contagious diseases, such as measles, diphtheria, scarlet fever, cerebro-spinal meningitis,

etc. This may also be said to some degree of pauperism, crime and insanity. Consumption certainly causes not a little pauperism, and most probably is materially causative of crime and insanity. There is no more profitable State work than control and prevention of communicable diseases.—Monthly Bulletin of the Indiana State Board of Health, January, 1901.

John W. Barnes, of Detroit, convicted under the Chandler medical act of the illegal practicing of medicine, is now free to take up some other vocation in life. Recorder Murphy having suspended sentence on him. Barnes informed the court that he was a licensed engineer by trade and had worked at the business up to two years ago, when he began to dabble in the medical business, and met with such gratifying success that he had dropped engineering entirely and taken up the profession. A stiff sentence awaits all those convicted under the act.

A plan has been perfected to establish at Bristol, Tenn., a home for physicians' orphans. Accordingly an organization has been perfected in Bristol to carry the plan into execution. The officers of this organization are: President, G. M. Peavier; secretary, N. H. Reeve; treasurer, John C. Anderson; vice-presidents, C. A. Abernathy, Chalmers A. Parker, Francis M. Prince, A. Grace- lon, J. W. Smithwick I. C. Anderson. The directors are Hon. E. B. Craig, H. H. Haynes, H. G. Peters, Ed Lockett and Edward W. King. The organization has secured in part, an elegant piece of property in Bristol, including a commodious building of eighty-five elegantly furnished rooms, and now has to raise only \$35,000 to pay the balance on property valued at \$100,000.

The members of the Detroit Health Board appointed by Gov. Pingree having failed of confirmation Gov. Bliss appointed the following gentlemen to

serve out their unexpired term, Samuel T. Douglass, John N. Bagley and Dr. J. B. Kennedy. The new advisory board of the commission will be as follows: Dr. Herman Kiefer, Obetz, E. W. Jenks, J. J. Mulheron, Carstens, Le Seure, Longyear, Lawson, Delos Parker, Jennings, LeFerte, Maire, Charles Douglas, Wyman, Bonning, Olin, Shurly, Devendorf, J. E. Clark, H. P. Mera, C. C. Miller, Weber, Joseph Shulte, W. C. Stevens, Tappey and Mann.

The annual meeting of the Alumni Association of the Kansas City Homeopathic College will be held in the college building, 1020 E. 10th, March 29th, 1901.

The thirteenth annual commencement of the Kansas City Homeopathic College will be held on the evening of March 28th. The annual address will be delivered by Dr. J. Stewart-Smith, of this city, and the faculty address by Dr. H. W. Roby, of Topeka, Kas.

The faculty and alumni of the Kansas City Homeopathic Medical College will hold their annual banquet at the Midland hotel, March 29th, beginning at 8 p. m. A cordial invitation is extended to all the friends of the college to join them on this happy occasion. Tickets can be obtained of Dr. W. A. Connell, 1214 Main street, at \$1.50, any time prior to March 27th.

The Missouri Institute of Homeopathy will meet in Kansas City April 16, 17 and 18, 1901. Dr. A. H. Schott, the president, and Dr. Willis Young, the general secretary, have sent a circular to the homeopathic physicians of the state and surrounding states urging preparation for and attendance upon the meeting. The following are the bureau chairmen, together with the bureaux: Drs. Mary E. Beall, ophthalmology and otology; S. C. Elliott, sanitary science; Wm. E. Jones, chemistry; L. C. McElwee, gynecology; Chas. E. Ross, clinical medicine; Louis

E. Bunte, pedology; L. S. Luton, diagnosis; Mark Edgerton, homeopathic philosophy; G. E. ApLynne, surgery; W. C. Richardson, education and legislation; E. F. Brady, neurology; W. D. Cramer, obstetrics; W. M. Keaney, materia medica.

WANTED.—A first-class location for a first-class homeopathic physician and surgeon. Would prefer to locate in Michigan. Willing to pay fair bonus. Address A., Medical Counselor, 1444 Majestic Bldg., Detroit, Mich.

Book Reviews.

A treatise on Diseases of the Nose and Throat, by Ernest L. Shurly, M. D., Vice-President and professor of Laryngology and Clinical Medicine Detroit College of Medicine; Laryngologist to Harper Hospital; Consulting Laryngologist and Chief of Laryngological clinic St. Mary's Hospital; Consulting Laryngologist to the Woman's Hospital and Foundlings' Home; member of the American Laryngological Climatological and Medical Associations; of the Michigan State Medical Society, etc. Illustrated. New York: D. Appleton & Co., 1900.

"Of books there is no end, is certainly a trite saying in our day, but this book seems fitted to round up and make unnecessary any further publication in this particular field for some time to come. There is a completeness and a concise detail about Dr. Shurly's book possessed by no other similar work. The author says in his preface that the book has been prepared for the general practitioner and medical student rather than for the specialist in laryngology." It will be a rare student, or even general practitioner, who will undertake to master the subject as presented in this broad and comprehensive work, but that the ordinary student or practitioner can read it understandingly is beyond question. The author "has refrained from speculating upon impor-

tant theories and superfine distinctions," leaving this, as we infer, to the forum of the medical society, the columns of special journals, etc. It will not surprise Dr. Shurly's personal friends, however, to learn that while he modestly disclaims any thought of aspiring to write a book for the edification of specialists, he has builded better than he knew. The thoroughness which characterizes everything he undertakes has created a book worthy anyone's perusal, and we venture to say it will be no less highly valued by specialists than by those for whom it was written.

A work of 744 pages affords ample room for intelligent and intelligible discussion of all the recognized disease conditions of the nose and throat. The author's conservatism, which is apparent throughout, has kept out almost everything of a conjectural character, and this goes far to create the feeling of confidence in him which his readers soon acquire independently of the known repute he has attained in his special field. This is well shown in the chapter on diphtheria, comprising 36 pages, which is a marvel of clearness and terseness of statement and reasoning, but quite free from the extravagant assumptions concerning the use of antitoxine, that characterize the writings of many of his school of medicine. Again, when he says, "there is no department of therapy where more blundering is done than in the selections of sprays for the relief of diseases of the upper air passages," he displays not the pessimism of the disappointed enthusiast born of testing the claims of the unscrupulous atomizer, vaporizer and spray-solution vender, but the wisdom of the trained observer and skilled clinician. The book concludes with a formula of local medicaments that will undoubtedly be found serviceable and safe if used according to the author's instructions. The work is profusely but

not needlessly illustrated, including five groups of colored plates, and the printing is all that would be expected of its well-known publishers, who have so highly complimented the Wolverine State profession in selecting its distinguished representative in the City of the Straits for this important and arduous task.

MacL.

Practical Homeopathic Therapeutics, by W. A. Dewey, M. D., Professor of Materia Medica in the University of Michigan Homeopathic Medical College. Philadelphia; Boericke & Tafel, 1901. Cloth, \$2.50; mail, \$2.67.

Dewey's Therapeutics stands pre-eminent among works of its kind. It is practical. Every page is covered with the best, and most useful characteristics of the several remedies that may be homeopathic to the diseases under consideration.

There is to be no lumber to be sorted over. The remedies quoted are those from which the busy practitioner, or the studious student, will at a glance be likely to find the remedy for his case. It becomes at a glance a comparative materia medica. It is not a book for the shelf. It is a book for the table. Buy it, if you are a homeopath, if you are not, don't. L.

Diseases of the Heart. By A. L. Blackwood, M. D., Professor of General Medicine and Senior Professor of Physiology in the Hahnemann Medical College, Chicago; Attending Physician to the Hahnemann Hospital, Chicago; Member of the American Institute of Homeopathy, Illinois State Homeopathic Society, etc., etc. Halsey Bros. Co., publishers, Chicago and St. Paul, 1901.

This work embodies the author's experience in many years of private and clinical work. The anatomy, clinical examination and therapeutics in general of the heart are first discussed, and then the various diseases and the remedies ap-

plicable to each disease Dr. Blackwood has found useful in each disease. In the general therapeutics will be found an account of the treatment for heart disease as given by the authorities at Nauheim. One feature of the work which commends itself to us, is the manner in which the indications for the remedies are given. Instead of a long list of drugs and symptoms copied from Lilienthal or Raue, the author has given concisely the conditions in which he has found each drug useful.

There is a chapter on nicotine poisoning.

Electro-Therapeutics and X-Rays. By Charles Sinclair Elliott, M. D., Professor Mental and Nervous Diseases and Electro-Therapeutics, Hahnemann Medical College, Kansas City; Author of Lectures on Mental and Nervous Diseases, etc. Boericke & Tafel, Philadelphia, Penn. Pages, 350. Cloth, \$2.50.

This book contains but little of the dry descriptions of the construction of batteries and the usual list of manufacturers' advertisements in the way of antiquated plates. After giving all the necessary fundamental principles and definitions it plunges into its subject. First, we have the general indications for the various currents, and then the various diseases calling for special currents. The directions as to how to apply the currents are very simple and plainly given, and at the same time full.

The part given to the X-rays contains a description of the principles, the apparatus and methods of use, radiography, fluoroscopy, plates and developers, practical hints, etc.

The work has numerous cuts and plates.

A Manual of Homeopathic Materia Medica. By J. C. Fahnestock, A. M., M. D., Piqua, Ohio. Pages, 260; size, 7 in. by 4 in. Published by the Author.

This little manual contains in condensed form leading symptoms and leading characteristics of each remedy. Both

the specific action and electric affinity for certain organs of the different remedies are given. It is compiled from the most reliable authorities in the Homeopathic Materia Medica.

Blank leaves are inserted for the purpose of noting original observations upon remedies. The book is of a size adapted to pocket use and in good binding. Send to Dr. Fahnestock for a copy.

Progressive Medicine. Edited by Hobart Amory Hare, M. D. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. \$10 per annum. Lea Bros. & Co., Philadelphia and New York. Vol. 1. March, 1901.

The contributors to "Progressive Medicine" are chosen because they are recognized authorities in their particular lines of work; men who in the fullest sense combine an accurate knowledge of medical advance with the practical applications thereof. Their articles are the result of a thorough acquaintance with the literature of the preceding twelve months, in which is interwoven the personal experience of the author in private practice and in hospital work, whenever such personal records can add value and interest. Contents:

"The Surgery of the Head, Neck and Chest," by J. Chalmers Da Costa, M. D., Clinical Professor of Surgery in the Jefferson Medical College, Philadelphia.

"The Diseases of Children," by F. M. Crandall, M. D., Adjunct Professor of Pediatrics, New York Polyclinic Hospital.

"Pathology," by Ludvig Hektoen, Professor of Pathology in Rush Medical College, Chicago.

"Infectious Diseases, Including Acute Rheumatism, Croupous Pneumonia and Influenza," by Frederick A. Packard, M. D., Visiting Physician to the Pennsylvania, Philadelphia and Children's Hospitals, Philadelphia.

"Laryngology and Rhinology," by Lo-

gan Turner, M. D. (Edin.), F. R. C. S., Edinburgh, Surgeon for Diseases of the Ear and Throat to the Deaconess Hospital.

"Otology," by Robert L. Randolph, M., Associate in Ophthalmology and Otology in Johns Hopkins University, Baltimore.

This volume keeps up the record of its predecessors, presenting well written articles upon practical subjects, practically chosen.

The work as a whole has been very popular from the first, because it has been so helpful to the profession.

Fischer—Infant-Feeding in Health and Disease. A Modern Book on all Methods of Feeding. For Students, Practitioners and Nurses. By Louis Fischer, M. D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department

of the West-side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 Illustrations, with 16 Charts and Tables, Mostly Original. 368 pages, 5¼ x 8 inches. Neatly Bound in Extra Cloth. Price, \$1.50 net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

This is an extremely interesting and valuable book, giving as it does information about everything concerning the feeding, digestion and growth of the child.

Some of the chapters in the book are Anatomy and Physiology of the Infant's Stomach, Ferments, Breast Feeding and Mixed Feeding, Raw Cow's Milk, Modified Milk, Sterilized Milk, Certified Milk, Infant Foods, Colic, Constipation, Rachitis, Dentitions, Marasmus, Rectal, Nasal Feeding, etc.

The commencement exercises of the Detroit Homeopathic College will take place at Fellowcraft Hall, April 23, 1901, at 8 p. m. Ex-Gov. Rich will deliver an address, and Dr. S. H. Knight will deliver the faculty address. A banquet will follow.

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SOME HISTORICAL NOTES ON CLEMATIS ERECTA.

By ELDRIDGE C. PRICE, M.D., Baltimore, Md

The generic name, *Clematis*, is derived from the Greek root *clema*, meaning the root of a vine, a tendril. The genus belongs to the natural order of plants *Ranunculaceæ*, in which we also find *aconite*, *actæa*, *racemosa* and *spicata*, *pulsatilla*, *ranunculus bulb.* and *scel.*, *pæonia off.*, and others.

Clematis is said to embrace about 100 species in its genera, twenty of which are indigenous to the United States. They are "perennial herbaceous, or half-shrubby plants," and will cause burning in the nostrils, sneezing and lachrymation, if the crushed leaves are strongly inhaled,* or if chewed they will burn and blister the buccal cavity, and "they are in most cases so acrid as to blister the skin if applied to it in a fresh state." Beggars are said to sometimes take advantage of this property, and by causing ulcers with the leaves extort both sympathy and money from the passing and uninitiated traveler. For this reason, *Clematis*, in flower language, is the emblem of artifice.

The most common species in England is the *Clematis vitalba*, the Traveler's Joy, so named, according to "the famous old herbalist of the sixteenth century, 'Gerarde,' as decking and adorning wæis and hedges when people travel." It is found running "over the hedges in many parts of England, loading them first with its copious clusters of white blossoms, and afterwards with

heaps of feather-tailed silky tufts."

Another species, *Clematis flammula*, with its "small white flowers, is among the most fragrant of plants." "*C. cirrhosa*, *C. crispa*, and *C. florida*, are remarkable from the size of their greenish-white flowers; while the purple or pink bells of *C. viticella*, hanging gracefully from the festooning branches render that species when well managed one of the most elegant and ornamental of climbers." The above-named are all more or less cultivated for their beauty.

Another species of *Clematis* I would mention, because of mythical relationship; this is the *C. integrifolia*, or Hungarian climber, which "is known in Little Russia as *Tziganka* (the Gipsy Plant)." Prof. De Gubernatis has given in his *Mythologie de Plantes* the following legend connected with this plant: The Cossacks were once at war with the Tartars. The latter having obtained advantage, the Cossacks commenced to retreat. The Cossack hetman, indignant at the sight, struck his forehead with the handle of his lance. Instantly there arose a tempest, which hurled

*According to Lindley, "Geyer says that the root of a species of *Clematis* is used by the North American Indians as a stimulant to the horses which drop down during their races. The scraped end of the root, held to the nostrils of the fallen horse, instantaneously produces trembling; the animal springs up and is led to water to refresh its limbs."

away the Cossack traitors and fugitives into the air, pounded them into a thousand fragments, and mingled their dust with the earth of the Tartars. From the earth springs the plant Tziganka. But the souls of the Cossacks, tormented by the thought of their bones being mixed with the accursed earth of the stranger, prayed to God that he would vouchsafe to disseminate it in the Ukraine, where the maidens were wont to pluck *Clematis integrifolia* to weave into garlands. God hearkened to their Christian prayers and granted their patriotic desires. It is an old belief in Little Russia that if everybody would suspend Briony from his waistbelt behind, these unfortunate Cossacks would come to life again."

In common with one-fifth of the members of the Ranunculaceæ, *Clematis erecta* is found in Southern and Central Europe (in the South of France, in Spain, Switzerland, Austria, Hungary, and Tartary), on sunny, uncultivated hills, in bushes and on the sides of forests. It was "observed by Sibthorp, and Chaubard, from the Peloponesus to Mount Hemus."

The botanical characteristics of *Clematis erecta* are as follows:

"Leaves pinnated; leaflets ovate-lanceolate, quite entire; stem erect; flower pentapetalous and tetrapetalous." Linn. Stems three feet high, leafy, striated, herbaceous, greenish or reddish. Leaves large opposite; leaflets from 5 to 9, pubescent underneath, petioled. Flowers white; in upright stiff terminal umbels; peduncles several times ternate; petals oblong, obtuse, somewhat villous, a little longer than the stems. Seeds few, dark brown, smooth, orbicular, much compressed; tails long, yellowish, plumose."

The plant is a leaf-climber, which places it in many respects between the twiners and tendril-bearers. It grows wild, as already stated, and is also cultivated as an ornamental flowering

climber; its flowers are white, small and delicate, and exhale a grateful perfume. The *Clematis erecta* was called *Flammula Jovis* by the old botanists (a name which now applies solely to the "Sweet-scented" *Clematis*), meaning the blaze or flame of Jove, because of its acrid, burning qualities already noted. Its congener, *C. Virginiana*, is known by the common name of Virgin's Bower. This name was given by Gerarde, "as fitting to be a bower for maidens, and with allusion, perhaps, to Queen Elizabeth." *Clematis* is known as Upright Virgin's Bower, but not, however, because it is emblematic of particularly virtuous maidens, but because it is deadly, and applied the powdered leaves as an escharotic to ulcers." Stoerck also prescribed the drug in "cancerous ulcers of the lips and mammæ; spongy excrescences; tophi; inveterate eruptions; peculiar kinds of chronic headache; melancholia," etc.

Clematis erecta was first proved by Hahnemann and his associate provers, and late by the Austrian Society.

Like nearly all the Ranunculaceæ, the erect *Clematis* is more or less poisonous when taken internally. According to descriptive of the physical character of the plant.

Just when our drug was first prescribed for its medicinal virtues is not known, but its leaves were used as a local vesicant many years before it received official recognition by the medical profession. The plant was probably first classed among official preparations in the Edinburgh Dispensatory.

It was first recommended for internal administration by Baron Stoerck, of Vienna, in the year 1769. In a pamphlet of this date he recommended it in "inveterate syphilitic diseases, and ulcers proceeding from other causes, etc. He employed the leaves and flowers as well as an extract made from the former" (a grain or two daily): "but he chiefly used an infusion of two or three drams of the

leaves in a pint of boiling water, of which he gave four ounces three times a Candolle, the toxic principle "is so volatile, that, in most cases, simple drying in the air or infusion in water is sufficient to destroy it." M. Gaube extracted an alkaloid from the drug, which (in conjunction with a volatile oil), is probably the principle referred to by Candolle, which the former has named Clematine. It "forms with sulphuric acid a salt crystallizable in six-sided needles." Besides this alkaloid, Clematis contains "an acrid volatile oil analogous to mezeroon in its properties, tannic acid, mucilaginous substances, and early salts in small proportions."

Bibliography.—Abraham Rees' Cyclopædia; Edinburgh Cyclopædia; Knight's English Cyclopædia; Johnson's Cyclopædia; Folkard's Plant Lore, Legends and Lyrics; Friend's Flowers and Flower Lore; Loudon's Encyclopædia of Plants; Griffith's Medical Botany; Wood and Bache's U. S. Dispensatory; Lindley's Vegetable Kingdom; Pickering's Chronological History of Plants; Darwin's Movements and Habits of Climbing Plants; T. F. Allen's Ency. of Pure Mat. Med.; Hempel and Arndt's Mat. Med. and Therap.; Hering's Guiding Symptoms; The Amer. Hom. Pharm.

THE INEBRIATE.

DALE M. KING, M. D., Shepherd, Mich.

Man is a mortal bound by the laws of nature to be more or less a victim of habit. Habit is a custom fastened and matured by a weakness of the will. The will is a power guiding the ways of men. The drinking of intoxicants is a habit instituted against conscience by subjecting the will which says "No," but permits "Yes." Repetition by law strengthens an act be it good or evil. Thus we have a habit.

No man of intelligence can confess a devised plan to become a drunkard. It grows upon him as the gathering shades of a summer's night. He may realize the fact and his better judgment demand a halt, but the controlling part of his mind shows but a feeble resistance, having too often stepped aside and permitted the throes of desire to overrun it. The inevitable then is the strengthening of the one and the wakening of the other. How often do men decide to stop drinking only to be deceived in themselves? Next is the loss of confidence in their power to stop, and this, unless restored, is prophetic of an unbecoming end.

A man wishes to stop drinking. He so expresses that desire to you, but admits a weakness which he feels he cannot overcome. His hope is dangling by the last thread and he sees in the yawning abyss the picture to which his addictions have brought him. There are broken hearts, fathers, mothers, wives, children, sweethearts and friends. As he looks at his miserable self a body possessing but one soul, yet overshadowing so many, how can he justify the savage selfishness which has exerted such a depressing influence on all that should be dearest to him. He cannot understand the reason for such terrible mistakes and a resolution for a redeeming goodness flashes through his mind as lightning in a stormy sky, only to die 'midst the thunderous clash of his trembling weakness. Oh, that terrible weakness of the will; that tears, bends and cuts into his better self. What protection can he offer with so weak an armor against the fierce attack of the world?

Here we find him, nothing but a conglomerated mass of perverted morals.

(This I say for no habitual drunkard can transgress but in a single line). What can we do for him as an associate humane being? A careless friendship does more harm than good. To him it sanctions his present acts. A cold shoulder discourages and deeper in the cup does he sink to drown his misgivings. How then are we to act towards this sensitive plant whose every fiber vibrates in the slightest stir? Persons whose footsteps have not left the path of sobriety cannot fully appreciate or sympathize with the inebriate's condition, where are raging mental battles with foes unknown to them. First, then, should I suggest to treat him with respect, not false, and slotering, but good, manly, whole-souled respect, as one conscious of humane frailties. By this you remind him of that in which he is most deficient—self-respect. Next, repeat no little incident injurious to him, of which you have heard. "A rolling stone gathers no moss," but a much-repeated story puts on new robes of various and increasing colors. It means but injury both to the person who reiterates it, and to him of whom it is spoken.

As physicians to whom the desire to stop drinking has been expressed, we must feel assured that such is his honest intention. Withdraw this and we are builders without a foundation. We know our man, but to him we must be more than we really are—stronger mentally and morally. We are to bend him of this strength and must be abundantly provided.

That this is true I have here an experience to relate, apologizing for the truth: Some few years ago while in another city, a clever fellow, an implement designer, came to me and stated in tears that he wished to stop drinking, but could not. He had been treated for it, but had never stopped and wished to know if I could do anything for him. He had a family which, although he

drew large wages, was being neglected. I assured him that with his most sincere effort I could. He was shown all the evils of the habit that I could picture. His will was highly flattered (a pardonable lie) and he promised, first, to enter no saloon on going to work, and at evening when he quit he was to come to the office. From there he was to go home and stay. He was supplied with a small vial of Strych. Phos. 3x. which he was to take during the day when he felt desirous of drink. For the first week it was hard, especially the nights, as he could sleep but little and was very nervous. After the first week he was instructed to go directly home from work and in the evening if he felt uneasy to come to the office. At which times I would assure him of how easily he had stopped drinking, etc. He got along nicely and improved both in health and spirits. One evening about three months after, the longest he had gone without liquor for years, he came to the office and unfortunately I had been imbibing some myself. Soon after seeing me he left. In about an hour he returned with two packages, one on the inside and the other on the out and wished me to join him in the latter. To express my feelings I cannot, but from that time on I have not seen my patient.

When we remember the influences for good or evil which even the most humble of us exert in the world, it behooves us most seriously to consider well our actions of the day. The child incapable of measuring mentalities imitate their superiors in size. They outgrow this and are swayed by the example of greater minds. The higher then our station in life, the greater our responsibilities to that life.

As to the treatment of the inebriate, he should, after a hot bath and vigorous rub, be put to bed in a warm, well-ventilated room. His mind must not be disturbed by any business transactions, but

his surroundings made quiet and pleasant. For the thirst may be given as often as every hour or two hot milk, hot lemonade, beef tea to which has been added five or ten drops of the tincture of capsicum, but no cold water. Above all, do not neglect to flush thoroughly the bowels and for the first couple of days give no solid food. The restlessness and craving I find ameliorated by the chloride of ammonium given in a

glass of water one drachm, two or three times a night. Where there is delirium hyoscyamus or hydrobromate of hyoscyne I believe to be our best remedies.

For cardiac weakness administer strychnina at intervals of from two to six hours. After the patient is up and at work I give a few drops of nux vomica in a half glass of water every three or four hours.

CHRONIC CONSTIPATION.

AMELIA L. HESS, M. D., Phila., Pa

Mrs. C. T. C., age 44 years.

This case of chronic constipation from childhood led on to copious mucous from the bowels, indigestion, loss of smell and taste, and last but not least, mental depression.

In spite of the severe complication and the long period of the degenerating process, the subtlety of the homeopathic remedy unraveled the difficulty and is making a complete cure.

Sept. 26th, 1899—

Medium height and weight.

Dark hair and eyes.

Sallow skin.

Feels "absolutely miserable."

Don't know what is the matter.

Would rather die, is so miserable.

Used to be troubled with chills and fever.

Worse after visiting the eastern shore of Maryland.

As a child, sickly until about 8 years old. After that, very good health.

Health began to fail after the sudden death of her father, six years ago.

Typhoid fever five years ago.

Husband died very suddenly four years ago.

Typhoid, slow low case.

Four weeks in bed.

Months and months getting well.

Bowels discharged quantities of mucus and shreds of membrane before and after fever.

Back weak a long time after (sacrum).

Before fever, yellow brown swelling under eyes.

Grippe last winter.

In head and chest.

(Always used quantities of quinine for the chills and fever.)

After the grippe, a dull heavy feeling in cerebellum.

She could not think or talk, always forgot the point in the conversation. She was afraid she would lose her mind.

The back became worse.

A physical examination revealed impacted feces.

This was mechanically removed and relieved the back and head for about six months, when all the old symptoms returned.

Constipation from childhood—never a normal movement without laxatives.

Lately indigestion—"bilious attacks."
(?)

Slight tenderness over gall bladder. Very weak and languid; can't do anything.

- Menses irregular; one week late now.
 Chilly.
 No appetite.
 Must have plenty of air.
 No sense of smell.
 Hoarse—catarrhal.
 Since '93, sneezes very much.
 Now loss of taste and smell.
 Sensation as if bowels jumped up and down.
 Mucus and shreds in stools now.
 Sulph. 55 m.
 Sept. 30th—
 Feels better.
 Appetite better.
 Sleepless after 5 a. m. Feels badly if can't sleep again after that.
- S. L.
 Oct. 6th—
 Improving—stronger.
 Sleeps better.
- S. L.
 Oct. 13th—
 Menses came on. Before they came was very much depressed for several days.
- S. L.
 Oct. 23rd—
 Some indigestion.
 Shreds in stools again.
 Sulph. 55 m.
 Nov. 6th—
 Improving.
 Constipated—no stool for five days.
 Much flatus. Heart slight pain.
- S. L.
 Nov. 14th—
 Indigestion all gone.
 Pain in back of head—old symptom.
 Menses just on time.
 Examined heart; normal.
- S. L.
 Nov. 18th—
 Pain in back of head. Can't control thoughts. Forgets point in story while relating it. Brain fag (?).
- Gels. 1 m.
 Nov. 22nd—
 Stools call her out of bed about 5 a.m.
- Head better.
 S. L.
 Nov. 25th—
 Stools white specks, the size of a grain of corn.
 Sleep better.
 S. L.
 Nov. 28th—
 Improving in every way.
 S. L.
 Dec. 11th—
 No mucous stools since the 25th Nov.
 S. L.
 Jan. 17th, 1900—
 Mucous in stools, a large quantity.
 Pain on both sides of cerebellum.
 Dyspepsia.
 Symptoms like she had four or five years ago.
 Legs itch—swollen above shoe tops.
 Aching of legs.
- Sulph. c. m.
 Jan. 23rd—
 Not quite so well.
 S. L.
 Jan. 27th—
 Constipated—stools hard in little balls.
 Very drowsy in day time.
 Lips parched.
 A little coryza.
 Feels very well.
- Feb. 7th—
 Still constipated.
 S. L.
 Feb. 19th—
 Mental shock.
 Stools, shreds of membrane.
 Sulph. 5 c. m.
 Feb. 25th—
 Not very well.
 "Head almost as bad as when I first came."
 Bowels better.
 Menses regular.
- S. L.
 March 5th—
 Head worse. Thoughts gloomy—can't concentrate thoughts.
 Gels. c. c.

March 12th—

Head worse.
Some indigestion.
Perspires freely under arms.
Nausea this morning.

Nux. c. m.

March 20th—

Head much better.
Bowels very good condition.
Don't sleep very well.

S. L.

March 24th—

Worse in every way excepting head,
which is clear.
Electricity in body so abundant that
she can see flashes of light and
hear crackling when she touches
metal.
Numb feeling in right hand—prick-
ling.
Menses came yesterday—no depres-
sion beforehand this time.

S. L.

March 27th—

Cough—deep down in chest.
Some expectoration.
Head dull.
Nux. c. m.
Slept poorly last night.

April 7th—

Feels very well.
Had headache such as she had before
she had typhoid fever.

S. L.

April 24th—

Feels very well.
Menses last week normal.
Bowels—stools well formed and
movements normal.

S. L.

April 26th—

Not very well—tires easily.
Bowels constipated.

Nux. c. m.

May 3rd—

Indigestion.
Feels badly.

Sulph. 5 c. m.

May 11th—

Indigestion.
Urging to urinate frequently at night.
Flow copious—colorless.
Head very good.
Bowels only fairly well.

S. L.

May 17th—

Mucous from bowels copious.
S. L.

May 21st—

Aching all over body. Head affected
too. Malarial (?).

S. L.

May 29th—

Improving.

S. L.

June 28th—

Feels very well. "Can work now
with pleasure."

S. L.

July 7th—

Ivy poison on hands and arms.
"Feel splendid."

Sulph. 5 c. m.

July 12th—

Poison almost gone.
Hair falling out.

S. L.

July 21st—

Poison worse.

Bell. c. m.

Aug. 1st—

Poison gone.
Constipated slightly.
Rheumatism in damp weather.

Sulph. m. m.

Sept. 1st—

"I am in fine condition."
Slight malarial symptoms, "But I can
throw it off without feeling sick."
Dyspepsia just a hint.
Urine troubles a little at night.

S. L.

Sept. 10th—

Was at seashore. Bathing in hot sun
brought on diarrhoea and a little
malaria.

Fond of salt.

Natr. m. i m.

Sept. 14th—

Menses overdue more than a week.
Very tired in a. m.
Back aches a little.
Diarrhoea.

S. L.

Sept. 16th—

"Menses came on the 14th after I was
at your office. I feel better than I
have for years."

S. L.

March 28th, 1901—

I notice in looking over the record of
this case that I have not laid much
stress on the catarrhal condition of the
nose and throat. I should have stated
that the patient had almost entirely lost
both taste and smell, but within the last
month this has improved very much (on
the same remedies) and she can now
enjoy to a great extent the pleasure of
both these senses.

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The Counselor is the official organ of the Michigan State Homeopathic Society.

Editorial.

MEETING OF THE MICHIGAN HOMEOPATHIC STATE SOCIETY.

The thirty-second annual meeting of this society will be held in the parlors of the Hotel Harrington, Port Huron, on Tuesday and Wednesday, May 21st and 22d, 1901. The session will open at 10 a. m. on Tuesday and continue at the pleasure of the society until the business is all disposed of.

The headquarters will be at the Hotel Harrington, where accommodations can be secured for room and board at from \$2.50 to \$3.50 per day with one occupant in a room.

Accommodations may be secured in advance by addressing the manager, D. H. Webster.

The St. Clair and Union Hotels offer a special rate of \$1.25 to \$1.75 per day.

As a large number of interesting papers are to be presented it is desirable that the members and visitors come

prepared to attend long sessions and take short recesses until the work of the session is completed.

Any further information may be obtained by addressing Dr. A. F. Randall, Port Huron, chairman of the local committee, or the secretary.

It is the earnest wish of the officers that every member of the profession, who can, will attend this meeting, and assist in promoting the interests of the profession at large and our own in particular.

As the chairmen of some of the bureaux have not yet reported to the secretary, it is impossible to issue a complete program at this time, but enough responses are already in insure a profitable and interesting meeting.

THE AMERICAN INSTITUTE MEETING.

The Western New York Homeopathic Society has expressed itself freely in deadly parallel against the high-handed means employed to change the meeting place from Niagara to Richfield Springs. While we voted for Niagara at Washington, and when the referendum was sprung upon us, we question whether the change of place will make much difference in attendance. Niagara would undoubtedly have drawn the larger crowd, and we are opposed to allowing the Institute to boom private enterprises as is already being done in connection with Richfield Springs.

We feel that the committee in their circular were intentionally favorable to Richfield in the statements and correspondingly prejudiced against Niagara. The New York Society refutes some of their statements in the following language.

As is shown below, in the deposition of the manager of the International Hotel, one of the largest hotels at Niagara Falls, not a single room had been engaged at that time. On careful inquiry it appears, as a matter of fact, that out of about 700 available rooms in the four leading hotels, only 25 have so far been engaged, and these were spoken for long after the executive committee had interviewed the managers. Nor does this take account of the seventy (70) or more smaller hotels where additional accommodations might be secured at still lower rates.

Besides numerous small ones Buffalo has the following large permanent hotels: Iroquois, Genesee, Tift, Broezel, Mansion, Niagara, Lenox. These regular hotel accommodations have already been supplemented by the erection of several new permanent hotels, and by the transformation of between 25 and 30 large apartment houses into

hotels for the coming year. In addition, there are in process of erection, adjacent to the Exposition Grounds, at least a score of large, well-built temporary hotels, two of which will accommodate five thousand (5,000) guests each. Many thousands of visitors will be lodged in private houses throughout the city. In view of all this is certainly will not be true that "a majority of those attending the exposition will stop at Niagara Falls."

It is a known fact that, when the Institute met during the World's Fair at Chicago, and when there was a large number of members present, the bureaux were well attended. More recently, at Omaha, where the meeting had an exposition for a competitor, the fact was noted and emphasized by every one that the bureaux were never before attended by so large a proportion of those registered. On the contrary, it might be claimed that an exposition acts as a great drawing card for many members who would not consider attending the meeting otherwise.

We think the Society has presented a strong argument and a just case, but as the meeting is bound to be held in Richfield it is hardly worth while to kick now—take your medicine and go.

As an extra inducement President Norton has issued a circular of gaiety calculated to coax the hearts of the ladies and their escorts.

The Executive Committee beg to announce to the members of the Institute and the profession generally the following important notice as to railroad arrangements and the programme of entertainment offered to the Institute and its guests by the citizens of Richfield Springs.

The usual fare and one-third rate for the round trip, on the certificate plan, has been agreed to by all the roads.

Arrangements have also been made whereby all members coming from the western country via Buffalo can stop over at the Pan-American Exposition for ten days on any kind or character of ticket, providing said ticket is deposited with joint agent, No. 50 Exchange street, Buffalo, and the payment of \$1 is made,

For those who come from the eastern country, the New York Central, West Shore and Lackawanna will make an amicable arrangement that will grant our members a sufficient stop-over at Binghamton or Utica, at which points they can procure regular excursion tickets to Buffalo and return. This will allow members from the east to attend the exposition at a very slight additional expense.

Through parlor cars will be run direct to Richfield Springs from both the east and west. The Delaware and Lackawanna road will put on its summer schedule of trains for the session of the Institute, which provides close connections to both Utica and Binghamton.

The Entertainment Committee and the citizens of Richfield Springs offer the unusually fine social programme, which has been so arranged as not to interfere with the work of the Institute.

SATURDAY, JUNE 15.

Open air concert, Richfield Springs Military Band, 3:30 p. m.

SUNDAY, JUNE 16.

Sacred vocal and instrumental concert in the Earlington Hotel parlors, 8.30 p. m.

MONDAY, JUNE 17.

Open air concert, Richfield Springs Military Band, 3:30 p. m.

TUESDAY, JUNE 18.

Open air concert, Richfield Springs Military Band, 3:30 p. m.

Grand ball, Hotel Earlington, tendered to the Institute and its guests by Messrs. E. M. Earle & Son, 10 p. m. upper, 12 m.

WEDNESDAY, JUNE 19.

Drive over magnificent mountain roads to Lake Otsego, the famous "Glimmerglass" of Fenimore Cooper, sail over the lake to Cooperstown, his home; luncheon in Cooperstown, drive home to Richfield along the shores of Lake Otsego, reaching Hotel Earlington about 5 p. m.

N. B.—Each day the ladies of the Institute are invited by the citizens of Richfield Springs to take this delightful excursion to Cooperstown and return.

Music in the parlors of Hotel Earlington, 11 a. m.

Open air concert, Earlington Park, 4 p.

Reception at the Waiontha Golf Club, 4 to 6 p. m., by the President, Mr. T. R. Proctor.

Progressive euchre party, tendered by Messrs. Earle and Son, in the Earlington parlors, 9.30 p. m.

THURSDAY, JUNE 20.

Drive to Cooperstown and return (same as Wednesday), 10 a. m. to 5 p. m.

Music in the parlors of the Earlington, 11 a. m.

Open air concert, 4 p. m.

Musical in the parlors of Hotel Earlington, 9:30 p. m.

FRIDAY, JUNE 21.

Drive to Cooperstown and return (same as Wednesday), 10 a. m. to 5 p. m.

Music in the parlors of the Earlington, 11 a. m.

Open air concert, 4 p. m.

Grand complimentary vaudeville entertainment tendered to the Institute and their guests by the Entertainment Committee of citizens of Richfield Springs. (It will be the endeavor of the committee in charge of the entertainment to procure in New York city for this performance only the very best available talent, and no expense will be spared to make this vaudeville performance one of the highest class.)

SATURDAY, JUNE 22.

Music in Hotel Earlington parlors, 11 a. m.

At 2 p. m., at the Lake House, on Canadargo Lake, a clambake tendered by the Entertainment Committee and the citizens of Richfield Springs. Music by the Richfield Springs Military Band.

The citizens of Richfield Springs announce it as their purpose to make

every member of the institute pleased with their visit. They do this as an advertisement of their health resort, and the Committee feel assured that the session of 1901 will be the most pleasant one in the history of the Institute.

A. B. NORTON, M. D.,
President.

E. H. PORTER, M. A., M. D.,
Secretary.

Death of Dr. Henry M. Smith.

In the death of Dr. Smith the American Institute and the Homeopathic professional have lost an enthusiastic worker and an upright and courteous gentleman. To Dr. Smith, Henry Monument Smith, as he has been called, more than to any other man is due the successful completion of the Hahnemann Monument. Dr. Smith was one of the seniors of the American Institute, and was its Necrologist at the time of his death. During several years he was treasurer of the Hahnemann Monument fund, and at its completion and dedication last year was one of the happiest men in Washington.

The Treatment of Insomnia.

Halbert, of Chicago, in speaking of the remedies which may be used internally for the purpose of inducing sleep, says that we should seek the ail of a remedy only to correct the cause which creates insomnia, and that remedies should not be used that bring about sleep simply by their drug action. He thinks the only excuse for an opiate is the existence of pain. The author refers to a number of remedies which, we think, are not commonly used, and which we present, with brief extracts from his indications for their use.

Camphor has a well-defined set of

symptoms; thus there is extreme restlessness, with mental anxiety, associated with which we invariably find a vertigo and a feeling of brain constriction. The patient is erratic and unreasonable, is afraid to be alone, and is in a constant state of agitation. He has cold extremities, and cannot sleep in consequence of this. Cold air aggravates the camphor patient, so it naturally follows that the remedy will be of greater value during the cold season.

Cannabis Indica.—Look for a symptomatology with prominent hallucinations. Sleep is of a fitful character. It does not call for an absolute insomnia; it refers more to the irregular sleep. Constant waking under the impression of peculiar dreams. Sexual perversions are common. In delirium tremens and in acute mania it is frequently useful. Do not use it lower than the third potency. (These suggestions as to dose are commendable; we homeopaths often spoil the effects of a good prescription by giving tinctures when we should prescribe a dilution of the same.)

Digitalis.—Cardiac weakness is so frequently the fundamental disturbance in these conditions that we should be on the lookout for its indications. When the heart is weak, there is a cerebral excitation, and this, with the general vaso-motor disturbance attendant upon anaemia and debilitating diseases, should direct our attention to this rem-

edy. Mental depression is a pronounced symptom.

Asafœtida.—Irritation of the nervous system from some reflex cause is one indication for this remedy. Hence it is often used in hysteria as a result of uterine perversions. The patient is ill-humored, irritable and apprehensive, and this keeps the mind awake and active. Gastric eructations, feeling of the "globus hystericus," bowel distention, griping pains and uterine disturbances are factors in connection with insomnia. This remedy is to be used in potency and not in crude doses.

Hyoscyamus.—In cases of extreme neurasthenia, when the mind seems to refuse to quiet down, he uses ten drops of the tincture at bedtime, and repeats it if necessary. The 3x potency of hydrobromate of hyoscyamine will often overcome obstinate insomnia. There is in the Hyos. case no depression, but always animation and a restlessness of body and mind. No sign of rest for any nerve in the body, hence twitchings and involuntary movements occur. Hyoscyamus in potency must be given often and for a considerable time to effectually conquer the disease.

Valerian pertains to a form of restlessness in which fatigue is evident. And pain, too, is often a factor, so that it may be used in neuralgia. It is useful in its combinations with zinc and ammonia.

Amyl Nitrite.—When there is insufficient cerebral circulation in consequence of aortic obstruction. Headache, with heat and throbbing, and a sense of intense fullness is the characteristic symptoms attending its insomnia. Feeling of constriction in throat and chest, dyspnoea and asthmatic breathing. It is useful in potency.

Coffee.—The patient cannot sleep because he cannot stop thinking. Ideas force themselves upon his mind, and mental activity is at its best. All the senses are extremely acute.

Camphor Monobromide in the first and third potencies has served him well when an organic nerve disease is present. For instance, the insomnia attending locomotor ataxia or epilepsy may be corrected by this remedy. Give the remedy in lower potencies only during the evening; if the higher are used, it may be given for some time.

Phosphoric Acid suits a peculiar class of patients; those who are suffering from the remote effects of a loss of fluids. The general weakness incident to the losses and the nervous debility lead to distressing states of insomnia which will be corrected by this remedy given in low potencies for some little time.—O. S. Haines, M. D., in *The Clinique*.

Coffee, its Frequent Deleterious Effects upon the Nervous System.

The habitual daily indulgence of coffee, even in moderate quantity, by those who are oversensitive to its action, invariably leads to persistent functional disorder of the nervous system, as well as to disturbance of digestion, which rapidly subsides when it is discontinued. No doubt the latter is often occasioned by the addition of too much milk and sugar, which favors the process of fermentation. Some physicians believe that coffee without the customary milk and sugar never disturb the gastric function.

Many or all neurotic individuals seem to be more or less susceptible to the influence of coffee, particularly in regard to its effects on the nervous system, and it usually aggravates any existing hyperæmia in the cerebral circulation. Quite a number of persons have been personally seen in whom coffee produces paroxysmal sneezing and coryza, and others in whom pruritus, either local or general, become a pronounced and troublesome symptom.

In several patients it has been possible to trace to the daily use of coffee the otherwise unexplained cause of vertigo, either through its direct action on the vascular system or indirectly through disturbance of gastric digestion.

The wakefulness and flow of thought produced by coffee are rather commonplace knowledge. A large number of nervous literary men and women, and businessmen under high pressure, continually resort to the coffee-cup for cerebral stimulation and a renewal of their flagging energy. The abuse of coffee in this manner insidiously, if not rapidly, leads to various degrees of exhaustion of the cerebro-spinal centres.

The nervous system of children is peculiarly susceptible to the effects of coffee, and its use should never be permitted. It produces a certain intellectual precocity through overstimulation of the cerebral cortex, as well as other functional disturbances.

There is a distinct type of cases of rather frequent occurrence, particularly among the poorer classes of people, but by no means strictly limited to them, which manifests itself in the form of functional nervous disorder, to which the elastic term "neurasthenia" in its broadest significance may be aptly applied, and which is due to the excessive use of coffee. After carefully investigating and treating several hundred of these patients, attention is called to a common group of symptoms, most frequently observed in those addicted to the excessive use of coffee, constituting a condition that should best be designated as the "coffee habit," or "chronic coffeeism."

The general health becomes much impaired, and the functional activity of every organ may be affected. The patients usually complain of the following symptoms, which are more or less pronounced and in varying combination:

General headache and "nervousness," apprehension in regard to some unknown impending trouble, mental depression and irritability, insomnia or restless sleep, "bad dreams," sudden "starting" in sleep and awaking in profuse perspiration, occasional or frequent vertigo; general tremulousness and diminished muscular power, præcordial oppression, cardiac palpitation, loss of appetite, frequent eructation of gas, and constipation. The symptom-complex most commonly noted is: General nervousness, tremor, vertigo, restless sleep, cardiac palpitation, eructation of gas, and constipation. On examination is usually found a coated and tremulous tongue; tremor in the eyelids while standing with closed eyes; in some, the pupils are slightly dilated, but react quickly to light; tremor in both outstretched hands; rapid pulse, of low tension and frequently irregular, ranging from 90 to 130; exaggerated reflexes, and more or less increased irritability. Tachycardia or bradycardia may also be present.

This entire series of neurasthenic symptoms may also result from other causes, such as the excessive use of alcohol, tea, or cocoa, or from a combination of several factors. As a general rule, it is most frequently mistaken for chronic alcoholic toxæmia. In some symptoms of chronic poisoning may result from three or four cupfuls daily. Such cases do not take suitable or sufficient food, and, as coffee possesses but little nutritive value, they ultimately show unmistakable evidence of malnutrition in addition to their other symptoms. W. M. Leszynsky (Med. Record).

FOR SALE—Outfit cheap; location first-class and in manufacturing town; collections good. Address K, Medical Counselor, 1444 Majestic Building, Detroit, Mich.

Has Homeopathy Retrograded?

I wish to count myself among those who believe homeopathy has a mission in the world that no other school of the present can fulfill.

While we are not among the foremost in studying the causes of disease, we are not among the last in applying the discoveries of others in these lines. We are ever ready to accept new facts regarding environment, physiology, hygiene, chemistry and biology. We have competent workers in all the special branches of medicine, of which we need not be ashamed. But we differ from all other schools in having a scientific basis for the application of drugs to disease.

All other schools are without a clear, reasonable and comprehensive method of procedure, based on experimental data, and of logical and universal application.

The mission of homeopathy lies in propagating this truth; in keeping its application abreast the times; in modifying and readjusting facts observed in the past to discoveries made in the present, so that the whole shall blend in a harmonious unity.

No one will question the advancement of homoeopathy in members, in standards of education, in schools and hospitals, in social standing and public estimation, in all that appertains to material, intellectual and social progress. Neither will any one question the advancement of homeopathy in the line of special features, such as mark the progress of medical practice in other schools. How is it with us in that peculiar field in which we are unique—have we progressed or retrograded?

Not to progress is in fact to retrograde. The medical world advances from age to age; all things change;

growth means change. Have we changed for the better, or for worse, or stood still? The last two mean retrograde change.

Do we recognize that we have passed into new conditions, and do we fully realize what they are? The thoroughness with which we recognize this change, and the efficiency with which we meet it, will measure our fitness for the sphere we occupy.

What are these changed conditions?

In the first place, from having a narrow and scanty armamentarium of drug-provings and drug records, our materia medica has become so bulky that not one man in a hundred uses one-fourth of the drugs set down in the books.

We do not need to prove new drugs. We do need to have our facts as now given confirmed and strengthened, or set aside as non-essential.

A second new condition lies in the fact that the courage and ardor for drug-proving has died out.

The most important reason for this change is the modern fear of drugs. In Hahnemann's time, and for a generation later, the laity were accustomed to huge doses of crude drugs. They expected to be made sick by them, and did not fear such sickness. Now both the laity and the profession fear drug-sickness quite as much as, or even more than, natural diseases. On this account voluntary provers are scarce, and are growing scarcer every day.

The feeling that our materia medica is already too large to be usable hinders the profession from entering into new provings with the zest of former days. This of itself will always in the future prevent any general revival of drug-proving.

A third changed condition is the modern methods and means of investigation. Had we the old enthusiasm, born of environment, we might im-

prove our drugs under these new conditions. We shall be forced to study our old facts in the light of these modern changes, and content ourselves with readjusting them on these new lines. The facts remain the same; the interpretation of them changes with changes in co-ordinate and cognate branches of knowledge.

A fourth changed condition lies in the extensive application of homeopathic materia medica by a vast body of practitioners.

In the hands of these ceaseless workers, under the stimulus of keen competition and better physiological, chemical and psychological knowledge, our materia medica is being sifted as never before. The wheat is being separated from the chaff. But the trouble is that each sifter is keeping his little pile of solid grain to himself instead of all being collected in one great common storehouse. Such a treasury would be like the fabled cruse of oil, increased

by the using. This is no figure of speech, but a cold fact, arising from our changed conditions, which we do not half appreciate.

No extensive nor comprehensive method has yet been put in practice for gathering up these solid grains of therapeutic experience.

Herein lies the real retrograde, if retrograde there be, in the homeopathy of to-day. To stand still is to retrograde. To move too slowly and fall behind the procession is almost as bad.

What we need, I repeat, is not proving, but improving what we have. And there is no test like the bedside test. He will be a new Hahnemann who shall guide these new forces into the path of an efficient garnering of the facts now scattered, lost and wasted.

We have advanced, but we are loitering now: resting on our laurels; waiting for something to turn up.—M. W. Van Denburg, M. D., in Hahn. Monthly.

Colleges and Institutions.

Items of Interest for the Department Solicited from all Homeopathic Colleges and Institutions.

Hahnemannian Society of Detroit Homeopathic College.

The meeting of Dec. 9th was called to order by Dr. Anderson. A motion was carried to have the chair appoint a committee to look into the matter of renting a piano. The following committee was appointed: Martin, Lenfesty, Wendt, and Miss Eggeman. Dr. Bruce Anderson read an extensive paper on Lithemia, which covered this important subject in a thorough and up-to-date manner. A general discussion followed, which was entered into by many of the members. This is as it should be; all papers of a medical nature should be

discussed by the entire membership.

A paper on the history of the Detroit Homeopathic College was read by Dr. C. H. Burton. From this paper we learned that the D. H. C. is not so "new" as some others, and that many illustrious men were already among our alumni.

The next meeting was held Jan. 21. The report of the music committee was heard and accepted. It was decided to rent a piano and place it in lecture room "A" for the use of the school and society.

The treasurer's report was read and accepted. A motion was unanimously carried to extend an invitation to Dr. M. C. Sinclair, of Grand Rapids, pres-

ident of the State Board of Medical Examiners, to address the society.

The paper of the evening was read by Dr. F. E. Stricker, on Urinalysis. This paper, besides being most excellent in the subject matter, was illustrated by colored drawings and charts. The different methods of analyzing urine were detailed, and the latest instruments for conducting the tests were shown and described.

A general discussion followed, in which Professors MacLachlan and Griffin heartily joined.

As this meeting finished up the papers by the senior class, one more meeting will be held at the close of the school term to finish up the business of the year.

The senior class have organized as follows: F. D. Stricker, president; H. D. Obert, vice-president; Bruce Anderson, secretary and treasurer; C. H. Burton, valedictorian.

Quite a number of the students on March the 29th accepted an invitation to visit the Walker distillery at Walkerville, across the river. They reported an excellent time. The scribe, not being present, can't describe the "souvenirs."

We hope every student will become members of the Hahnemannian Society next school year, for the good of the society as well as the students.

The martins beat the robins this year. Capt. J. C. Martin, '03, and Charles A. Martin, '02, are both proud papas of bouncing boys. These "thick and slim" students are evidently on to the fact that they are connected with a growing institution.

Since the piano has arrived a passer-by, between lectures, might think the college was a high-class musical conservatory.

The society members all regret that owing to illness Dr. Sinclair, of Grand Rapids, was unable to address the so-

ciety this spring. We hope he will be able to meet with us at some future time.

The reception given by the faculty to the students at the beautiful home of Prof. C. C. Miller, on Winder street, on Friday evening, March 15, was an occasion that will remain in memory's storehouse for many years to come. An elaborate literary and musical program was given in the spacious parlors by well-known artists, which was greatly appreciated, if we can judge by the hearty encores. After this a visit to the dining room was taken, where the good things of life were handed out in large material doses, and by the way it was received it must have been indicated all right. Then a smoke for the gentlemen and a social time by the ladies occupied the time till a late hour. The student body surely appreciate the kindness of Prof. Miller and faculty.

On the afternoon of Tuesday, March 19th, the students and some of their friends enjoyed the hospitality of Parke, Davis & Co., of this city. The start was from the Russell House at 1:45, where we were taken in charge by a representative of the company and conducted to a special car, and were soon at the plant, where we received a royal welcome, and were escorted through the different departments by a dozen or more of gentlemen representatives. To describe this sight-seeing trip through this immense industry would take pages of space. No one can realize the importance and largeness of the place who has not visited there. After the trip we were conducted to the reading room and served with refreshments which were up to the P., D. & Co. standard, which is 'nough said. The ladies were all presented with a beautiful carnation as souvenirs. Then from the bridge we witnessed an exhibition by the company's fire department. After a few words of thanks by Mr.

Studor, '03, the college yell was given with vim, and we were brought back to the city. It was a half day enjoyably spent, and the D. H. C. boys will always think kindly of Parke, Davis & Co.

"Rough house" seems to be a product of spring. But no one knows "who did it."

The board of regents of the University of Michigan at their last meeting appointed Dr. Dean T. Smith, of Jackson, to the permanent position of professor of surgery and clinical surgery in the homœopathic department. Dr. Smith has been occupying the position temporarily since the first of the year, and his service has been so satisfactory that the faculty of the department unanimously recommended him to the regents as permanent incumbent of the professorship, which is a very important one in the university. The place has sought Dr. Smith, not he the place. This gives the doctor more reason to appreciate the appointment.

Dr. Smith is of a race of physicians, no less than five of his near relatives being members of the medical profession. His father, Dr. John Smith, who is so favorably known to all the citizens of Jackson, is the patriarch of the group. The others, with one exception, have been his students, and that one was a student of his student. Dr. John Smith was active in the state medical work when the college to which his son is now called was struggling for recognition in the university. He is probably the one surviving charter member of the State Homœopathic Society. He was twice honored by being elected president of this society. In 1872 Dr. Smith removed to Nebraska, owing to failing health. Dr. Dean T. Smith was then a lad of 12 years. He spent the next ten years of his life herding sheep in summer and attending or teach-

ing school in winter. He entered Nebraska State University in 1882 and graduated from that institution in 1887. During his university training he selected such course as would best adapt him to the study of medicine, which study he took up in the Chicago Homœopathic Medical College.

Dr. Smith graduated in medicine in 1889 and practiced for the first three years of his professional life in Decatur, Ala., where his father had gone some time before. The health of the elder Smith so far improved that he and the son returned to Michigan.

The faculty of the New York Homeopathic College will hold their Alumni Day May 9, 1901. Programme—Introductory remarks, F. E. Doughty, M. D.; surgical clinic, H. P. Cole, M. D.; materia medica clinic, J. B. G. Custis, M. D.; genito-urinary clinic, Burk G. Carleton, M. D.; luncheon in the college museum; commencement exercises, Mendelssohn Hall, 113 West 40th street; business meeting of Alumni Association, Delmonico's, 44th street and Fifth avenue; alumni dinner, Delmonico's.

The Chicago Homeopathic Medical College held their exercises Friday, April 23, at Studebaker Hall. A class of 49 students were graduated. Addresses were given by President Kippax and Professor Willard. Valedictory by Edwin A. Layton, M. D.

The annual Commencement of Pulte Medical College will be held in the Scottish Rite Cathedral Tuesday, May 7th. The Annual Pulte Alumni banquet will follow—and Pulte's Alumni will be guests of the College on that occasion.

On Friday, April 12th, the Cincinnati Homeopathic Lyceum and Public Medical College will give a Hahnemann banquet at the Grand Hotel, to which the physicians in Ohio, Indiana and Kentucky will be invited as guests of the two organizations named.

Notes.

The twenty-sixth annual meeting of the American Academy of Medicine will be held at the Hotel Aberdeen, St. Paul, Minn., on Saturday, June 1st, 1901, at 11 a. m. (executive session; the open session beginning at 12:00 m.), and continuing through Monday, June 3d. The principal feature of the meeting will be a Symposium on "Institutionalism," and another on "Reciprocity in Medical Licensure." Series of valuable papers on both topics have been promised, as well as interesting papers on some other subjects. The President's Address (Dr. S. D. Risley, of Philadelphia) will be delivered on Saturday evening, June 1st, and the Annual Social Session held on Monday evening, June 3d.

Members of the profession are always welcomed to the open sessions of the Academy. The Secretary (Dr. Charles McIntire, Easton, Pa.) will be pleased to send the program, when issued, blank applications for fellowship, etc., when requested to do so.

The new Harlem Hospital, of New York, with a capacity of three hundred beds, is to be one-half under homeopathic control.

A Boston physician, called to a poor family and moved by compassion, left \$5 with his prescription. He called the following day to learn that \$3 had gone for the services of the priest and \$2 to employ another doctor!

A Training School for Nurses has been established by the New York Homeopathic Medical College and Hospital. All applications should be sent to Dr. F. K. Hollister, Secretary of the Medical Board, 59 East 52d street, New York city.

Dr. Virginia T. Smith, who for a number of years has been practicing in Detroit, Michigan, being a member of the

Medical Board of Grace Hospital in that city, has journeyed to the land of sunshine, fruit and flowers, and is now in Los Angeles.

Gift to Yale Medical College.—One hundred thousand dollars was recently given to Yale University to construct a building for the medical school. The donor's name was not made public.

Alumni of the New York Homeopathic Medical College, please notice that the date of the annual banquet is May 9th this year. The place of meeting is Delmonico's, and Dr. G. W. Roberts will act as toastmaster. All graduates are requested to join. Send application to Dr. E. S. Munson, Corresponding Secretary, 16 W. 45th St., New York.

Condemns the Indelible Pencil.—A Chicago physician has protested against the use of the indelible pencil, which he charges has been the cause of innumerable sore lips and fingers. The doctor says the coloring matter in the indelible pencil is of the same nature as that which caused the death of Senator Cushman K. Davis, of Minnesota, in whose case the dye was in the stockings.

"Crataegus is a remedy of great power in both functional and organic wrongs of the heart. In angina pectoris and in valvular deficiency, with and without enlargement, most wonderful results have been obtained from its exhibition after the failure of some of the best known heart remedies. In cardiac dropsy its action is promptly curative, and in dropical conditions not of cardiac origin it is said to be efficient. The best results are usually obtained from doses not exceeding two to five drops of the medicine every two to four hours. Very large doses frequently cause nausea and a sensation of fullness in the head."—Fyfe.

Dr. Smith Dead.—Dr. Mayo G. Smith, the companion and friend of Mark Twain and inspiration of the novelist's

"Doctor," "Innocents Abroad," is dead at Colorado Springs. Dr. Smith was born in Newburyport, Mass., August 19, 1816. He was one of the first graduates of Oberlin College, and was an intimate friend of Horace Greeley, starting life as a preacher and later as the reporter employed by Greeley on the Tribune. He went to California in 1849, joined the regular army; later became rich and traveled with Mark Twain. He was master and part owner of the first ship that sailed from San Francisco to Australia. Dr. Smith was the author of two works on ether and chloroform from experiments he conducted. For several years he gave his attention to medicine, and later was associated with Morse, in completing the telegraph and constructing the first line between Washington and Baltimore.

One would be led to believe from a perusal of the patent medicine advertisements strewn broadcast over the land that half the women of the land had been at one time hopeless invalids, but had been snatched from the brink of the grave by the use of this or that nostrum that is guaranteed to cure all the ills flesh is heir to. The fact is that not a few women derive a good income by permitting the use of their names—frequently accompanied by their portraits—among the testimonials of the efficacy of the drugs. A letter of commendation from a governor or a member of congress is worth from \$15 to \$50. Members of state legislatures are quoted at from \$10 to \$15. Mayors and councilmen are steady at about \$5.

Smallpox was reported present in Michigan during the week ending April 20, 1901, at 94 places, as follows: Limestone tp., Rock River tp., Munising, Arvon tp., L'Anse, Bangor tp., Kawkawlin tp., Monitor tp., Essexville, Bay City, West Bay City, Coldwater; Townships of Emmet, Marshall and Newton, Calhoun Co.; Battle Creek, Cheboygan,

Bruce tp., Pickford tp., Sault Ste. Marie tp., and city, Superior tp.; Townships of Arthur, Garfield, Grant, Hatton, Sheridan and Winterfield, Clare Co.; Clare, Eagle tp., Victor tp., Grayling tp., Delta tp., Roxand tp., Windsor tp., Grand Ledge, Little Traverse tp., Flint tp. and city, Clio, Butman tp., Sherman tp. (Gladwin Co.), Fulton tp., Adams tp., Wheatland tp. (Hillsdale Co.), Lansing tp.; Townships of Gilmore, Nottawa, Union and Vernon, Isabella Co.; Jackson, Solon tp., Sand Lake, Grand Rapids, Newton tp. (Mackinac Co.), St. Ignace, Ishpeming tp., Ludington, Nadeau tp., Menominee, Forest tp., Norwich tp., Reeder tp., West Branch tp., Crystal tp. (Montcalm Co.), Home tp. (Newaygo Co.), Waterford tp., Hart tp. and village, Churchill tp., Orient tp., Sylvan tp. (Osceola Co.), Case tp.; Townships of Birch Run, Brady, Fremont, St. Charles and Swan Creek, Saginaw Co.; St. Charles, Saginaw, Harrison tp.; Townships of New Haven, Rush, Vernon, Shiawassee Co.; Durand, China tp., Greenwood tp. (St. Clair Co.), Reese, Northfield tp., Dexter, Detroit, Springville tp., Wexford tp. and Cadillac.

American Institute of Homeopathy.

President's Office.

New York March 29, 1901.

To the Members of the American Institute of Homeopathy:

Having appointed Dr. A. Cowperthwaite to the office of Necrologist, in place of Dr. H. M. Smith, deceased, I would respectfully urge upon the members of the Institute that they forward to him at once all the data within their possession as to the death of any member of the Institute during the past year.

Fraternally yours,

A. B. NORTON,
President.

Book Reviews.

"Self-Examination," containing 3,500 questions with references to answers, also the questions of the Examining Boards of Pennsylvania, New York and Illinois. This has proved a useful little book and is now in its third edition. Price, postpaid, 10 cents. P. Blakiston's Son & Co., publishers, Philadelphia.

A Manual of Hygiene and Sanitation, by Seneca Egbert, A. M., M. D., professor of hygiene in the Medical-Chirurgical College, Philadelphia. In one handsome 12 mo. volume of 427 pages, with 77 illustrations. Second edition, enlarged and revised. Cloth, \$2.25 net. Lee Bros. & Co., Philadelphia and New York. This new edition of Egbert is the most comprehensive, lucid, and up-to-date book upon this subject that we have seen. The first edition was rapidly exhausted, showing that it has taken a fixed place in the scientific literature of the day. It is simple, clear and forceful, and teaches the fundamental principles of hygiene and sanitation. An entire chapter upon Military Hygiene, a subject in which our recent wars has excited much interest, has been added, and many parts re-written and enlarged. For physicians and students, and even the laity, we find this work all that they need and it is worthy a place in any library.

MAC L.

The publishers of Hahnemannian Advocate and Health Homœopathy desire to announce the removal of their offices to suite 312, Bay State building, 70 State street, Chicago. Telephone, Central 3416.

COMMUNICATIONS.

A Word of Encouragement for Consumptives.

"Wir heissen euch hoffen."

Editor of The Counselor:

I am glad that you reprinted Dr. Hallock's paper, "Out-door Air in the Cure of Disease," and I would like to add a few italics to the modest statement of the Saranac physician. As I am fresh from a visit to the Adirondacks, whither I had to take a child of my own, I feel impelled to send you a few lines concerning what I could see of that place in one week's sojourn.

Experience has amply shown that it is usually only after some three weeks' residence that patients evince any signs of improvement, but after one week I had evidence that the victim I had taken to Saranac Lake was responding to the marvelous air of the place in such a manner as to justify the fondest hope of an anguished parent.

Appetite improved; cough decreased; sputum changed character in quality and quantity; sleep was longer, sounder and not disturbed by that raucous and racking cough. The temperature declined; the night sweats ceased; the stools were no longer like "angels' visits"; the collection of gas in the abdomen disappeared and the urine became clear—losing that deposit which tells of the internal over-oxydation that gives the dread name to the disease.

My impressions of the famous sanitarium—under old-school auspices—at Saranac Lake were not favorable; and aside from any therapeutic considerations, I am decidedly of opinion that the policy of the powers that preside over that institution inclines "to shut the gates of mercy on mankind." Their prospectus announces that the institution is for the reception of "cases of incipient tuberculosis," and from what is alleged they are not beyond the suspicion of sifting their cases to such a degree as makes the final reports of very little value to science. I make this assertion without prejudice and solely in the interest of those who might be led to seek admission there. If the case is at all advanced the patient will escape a grievous disappointment by not applying for a place therein.

Dr. Hallock's experience has been gotten, first in his own case and secondly in that of hundreds of others to whom he has ministered during the last five years. On his arrival in Saranac he experienced all those tender mercies of the old school for which that body is notoriously infamous. Here was a dying man—to all appearances—seeking refuge there, and as he gained strength, attempting to practice the profession for which he was legally qualified by the laws of the State of New York. He was made the recipient of threats that would have deterred many an other; but Dr. H. pursued the even tenor of his way and let his professional work speak for him and homœopathy. Speak it did, after the old fashion, and to-day his clientele is such that he can salute the old school as the burghers of Albany did Wouter van Twiller—fo his extreme mystification.

In adjusting my child to the change of conditions and to overcome the consequences of the weary journey of some hundreds of miles, I was surprised at the rapid and unerring action of

homœopathic remedies. I have seen the prompt work of the simillimum before to-day; but in chronic cases, such a response as I beheld in Saranac, it was never mine to witness before.

I write from a full heart when I say to any sufferer from "the white scourge," go to the Adirondacks at once. There the adjuvants of our beneficent therapeutics are God's sunlight and germless, mountain air. The results, under the blessing of the Source of all Mercy, will carry hope and joy unspeakable to hearts that were sore and eyes that looked to heaven through tears.

O ye stricken brothers and sisters, a common sorrow has drawn me close to you; your anguish has been my own; like you "my tears have been my meat," but the All-Beneficent has not forgotten the stricken. Do not delay too long; seek early those delectable mountains and the unspeakable boon of recovery shall be yours. O for a clarion voice to shout to every stricken one: Wir heissen euch hoffen!

SAMUEL A. JONES.

Ann Arbor, 29th of March.

Brooklyn, April 18, 1901.

Editor of "The Medical Counselor":

Dear Doctor—At the next meeting of the American Homœopathic Ophthalmological, Otological and Laryngological Society, which will open its session in the parlors of the Hotel Earlington, Richfield Springs, New York, on Saturday, June 15th, at 2:30 p. m., and have sessions on Monday and Tuesday, June 17th and 18th, it has been arranged to have Mr. M. R. Hutchison, E. E., exhibit and explain his recently perfected akouphone and akoulalion, mycro-telephonic instruments so constructed as to reproduce and intensify sounds and still preserve their quality.

This represents, probably, the greatest advance that has yet been made in adding to the hearing power of those who are incurably deaf, and, as Mr. Hutchison will give an explanatory lecture when he shows the instruments on Monday evening, June 17th, it has been decided by the officers of the society to invite the members of the institute and all visitors who are interested to attend this session. Those who desire to have friends or patients test the instruments are requested to bring them to Richfield at this time, and Mr.

Hutchison will be glad to give each an opportunity to test the efficacy of the akouphone.

Fraternally yours,
HERBERT D. SCHENCK.

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THE OUTCASTS:

A TALE OF THE NORTHWEST.

Mr. W. A. Fraser, author of "Mooswa and Others," has just written for early publication in The Saturday Evening Post a short, stirring serial, entitled "The Outcasts."

The Outcasts are an old buffalo and a wolf-dog, and the greater part of the story is about the strange comradeship and striking adventures of these companions, and their pilgrimage, in company, to the distant plains of deep grass, of which the wolf-dog knew.

There are action, and strength of word and phrase in the story, and the touch of the soil and the music and charm and sombreness of the forest. The rush of the frenzied buffalo herd to death is told with splendid dramatic power. The plan of the book is a unique conception, and it is worked out on novel and entertaining lines.

Dr. Givens' Sanitarium at Stamford, Conn., is pleasantly situated on a hill overlooking the city of Stamford and Long Island Sound, and is easy of access from New York and all New England States.

It is a well-known fact that certain climatic conditions are beneficial in certain nervous and mental disorders, and the invigorating (coast) air of this locality, charged with ozone, is a sedative in itself.

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Every patriotic American desires to read what General Grosvenor has to say of George Washington, Thomas Jefferson, Andrew Jackson, Abraham Lincoln, President McKinley, and the other Chief Executives of the Nation. Everybody desires to read what General Grosvenor, the staunch old Republican leader in Congress, will say of that staunch old Democrat, Andrew Jackson, the Father of the Democratic Party. General Grosvenor has thrown into his sketch of Jackson all the fire and energy of his nature. The biography of Thomas Jefferson is grand. The biography of Lincoln is as beautiful as a sunrise over the hilltops. General Grosvenor has personally known all the Presidents since the time of James Buchanan. The General's book will therefore contain history which has never before been published, written from his own personal observation of these great men. General Grosvenor has served in Congress for nearly twenty years, and he has served his country in war and in Congress for nearly forty years. The book contains twenty-four large Photogravure Etchings as fine as Steel Plates, printed by hand, on heavy plate paper made especially to order. These 24 Photogravure Etchings are in different tints, and are well worth \$2 each. These Portraits are made from the Paintings endorsed by the family and near relatives of the Presidents. Two years'

time and a fortune have been expended in securing these reproductions. The complete book is well worth \$50, but the price has been placed so low that the most humble American citizen can own it. The biographical sketches are printed in large open type in two colors; the work is so beautiful that when people see it they want it. The advance sale is very large. President McKinley was the first subscriber. There is one edition known as The President Edition de Grand Luxe, initial letters hand painted, Portraits hand colored, title page hand illuminated, registered and numbered; subscription price, \$250. Orders and applications for territory are coming in rapidly. A high class man or woman of good social standing can soon make a small fortune taking orders in this community. Send references and apply for terms quick, as the

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The Medical Counselor.

SUGGESTIONS AND EXPERIENCE WITH ELECTRIC CURRENTS.

N. RAMSEY SIMMONS, M. D., Toledo, O.

A physician with a new electric appliance and no practical knowledge of the therapeutic action of electricity is greatly disappointed when he searches books and journals on electro-therapeutics for some specific directions for using the currents he is prepared to furnish. If, however, he is still under the hypnotic influence of the enthusiastic agent who sold him the battery he will be hopeful. In fact, he should not be discouraged, for he will find sufficient general advice to start him in this field of investigation where he must in the main work out his own salvation. Just why or how to use a certain current in some obscure disease like neurasthenia, and for how long a time; what quantity and direction of current he will not find definitely given, because of the diversity of opinion among writers on these very essential points.

In cauterly and electrolytic work we have quite satisfactory and specific instructions, but in the more extended use of electricity good results have been reported by a somewhat confusing number and variety of methods. Electricians will probably contend for more time, more carefully prepared reports and greater accuracy of diagnosis before they can furnish such directions for the use of the several currents as will make electricity a specific for any disease. After all, it is better not to be too hard on electricians who are about as specific on the subject of currents as we are on the potency question when prescribing un-

der the law *Similia, Similibus, Curantur.*

I have used electricity in a limited way for some years and will mention a few conditions and cases wherein it has served me a good purpose: Warts, moles, Sebaceous cysts, meibansian cysts, polypi of small size on mucous surface of eyelids hard wart-like growths on eyelids, face and nose, were removed by the galvanic current used as follows: I pierced the growths with a steel, gold or platinum needle attached to the negative pole of a galvanic battery. Then placed in patient's hand a moistened sponge attached to the positive pole, and allowed the current to pass through the tumor for from one to three minutes, varying the time with the size of growth and number of cells in use. The tension and quantity of current should be sufficient to decompose the water, sending oxygen to the positive and hydrogen to the negative pole, where it may be seen bubbling up about the needle.

The albumen of the part will in the meantime become coagulated, circulation cut off and the growth turn white, ready to be absorbed or exfoliated within a few days. An interesting little experiment for the beginner in this work is to take a small quantity of egg albumen and place in it two needles attached to the poles of a galvanic battery. The albumen that coagulates about the negative needle will be much the greater in quantity, but quite soft. About the positive needle the albumen will be

firm and of a slight rust color from the iron in the decomposing steel needle. The beginner will in this way form an intelligent idea of the quantity of animal tissue destroyed by a given number of cells in a given time. In practice the negative needle is used where we desire a rapid absorption of tissue or exfoliation of growth without leaving an unsightly cicatrix.

The galvanic current has been to me a valuable accessory in the treatment of chronic laryngitis, with such symptoms present as are commonly found when treating singers, teachers and public speakers who have acquired the habit of improperly using the voice. Catarrh of the naso-pharynx usually precedes this disease that so stubbornly resists the internal and local treatments that have been in vogue for years. I do not remember from what journal I got this idea for using the galvanic current in chronic laryngitis. I do remember that a 20-cell galvanic battery was advised, but in my experience I have found that a current from a 12-cell galvanic battery was quite as much as most persons could endure. It is applied substantially as follows: Place a moistened sponge attached to the positive pole to back of patient's neck.

The electrode for the larynx is so arranged that two small sponges may rest one on either side of larynx just back of the pommum adami, in near proximity to superior and recurrent laryngeal nerves. An interrupter on the negative pole is still held by the operator that the current may be broken at short intervals.

The treatment is continued in this way for 4 to 6 minutes, when I place the negative pole in patient's hand and positive on larynx for 6 to 8 minutes.

I have used electricity in this way for three years and with a single exception my cases made much greater improvement in the same time than when I de-

pend upon local and internal medication alone.

Mr. T., a practical electrician, asked me as a personal favor to treat his wife's foot with electricity once a day for one month. Mrs. T. fell from a bicycle eight months before, seriously spraining and bruising the right foot and ankle, which were caught between the wheel and curbstone. She was taken home and placed in bed, where the foot and ankle were kept in an ice pack for three weeks, when she changed doctors and then wore a plaster cast for three weeks more, when she again changed doctors. This time the physician ordered a rubber stocking extending ten inches above the ankle joint. This she wore quite a while, but could not wear even a loose shoe unless the stocking was put on in the morning before the foot began to swell. She could not bear any weight on the foot and walked with crutches. I found the foot, ankle and leg almost bloodless, cold as putty, wet skin and flabby muscles, with sensation much below normal. I removed the rubber stocking and kept it off. I placed the positive pole of a strong faradic battery near the sacro-sciatic foramen. Then with the foot in a basin of hot salt water I sponged foot, ankle and leg with the negative pole for 20 minutes, when they would become quite red and warm. Within one month she dispensed with her crutches and walked with a little aid from her umbrella. Two treatments a week were administered during the second month, when she walked without any evidence of a former injury and experienced no inconvenience except after a prolonged exertion.

Four years ago while treating Mr. D. for obstructive rhinitis he told me that eight years previously he had contracted telegraphers' paralysis of right hand and arm by using the finger rather than the arm motion for manipulating the keys. He was compelled to re-

sign this position and accept a job as brakeman on an express train. His arm and hand had not recovered their former strength and annoyed him greatly when handling trunks, especially when exhausted from a long run or loss of sleep. I advised the faradic current, which was used as follows: Twice a week. The positive pole was placed on back of neck or in axilla and negative in right hand. Each treatment was continued for about 15 minutes. Improvement was prompt and continued steadily for two months, when he thought his hand and arm were all right. I see Mr. D. every few months and he often calls my attention to benefit he derived from the use of electricity.

In closing I would say the galvano-

cautery has within recent years become almost indispensable to the rhinologist and is now undergoing the scrutinizing test of the oculist. The galvanic current may in the future become as necessary to the laryngologist as it now is to the oculist. The faradic and static currents have had as yet a very limited use by the oculist and rhinologist, but it is possible their field of usefulness will broaden with research. We are hopeful that some expert in electro-therapeutics will utilize one of these currents in the construction of a vibrometer that will be a practical and successful aid in the treatment of obscure diseases of the middle ear.

THE BLOOD AND ITS DIAGNOSTIC SIGNIFICANCE.

HARRY D. OBERT, M. D., Detroit, Mich., Instructor in Bacteriology in the Detroit Homeopathic Medical College.

It will be my endeavor to present to you a brief compilation of facts based on the more recent views on the blood, and including some of my own ideas, based on my experience in microscopical work. I trust you will not judge me too harshly when I state, that in the space of time allotted me, it would have been nigh impossible, to present to you an entirely original article; and further, in this day and age of medical science it is nearly impossible to express one's ideas without a feeling that you are in reality entering the plageristic field.

It would be a dire impossibility for me to present a subject based on my experience totally, and that you readily understand when I say that I have been in practice less than a year.

But to return to my subject, I will present a subject which I trust may be appreciated by the specialist as well as the general practitioner. The subject however, is one full of technicalities,

and I may state that to-day among the best pathologists in the country, the blood is considered by far the most important element entering into the etiology and pathology of disease.

In order to fully comprehend the different phases of disease, we must know the blood in its healthy state, and in its relation to the various morbid phenomenon. I will endeavor to trace the various forms of red and white corpuscles, their proportionate number in health and disease, alterations in their form and character, the haemoglobin, anemia and leukemia, and I shall also speak of parasites in the blood.

I may state that marked changes in the blood speedily produce manifest alteration in the appearance of the patient.

It will be well to devote a few minutes to a consideration of the changes in the blood, when examined by means of the naked eye or by the microscope. However, before taking up the morbid blood

we will see it in its normal state. The blood consists of a liquid basis or plasma, in which are found two great varieties of cells, the red and white. The red ones being termed erythrocytes and the white ones being called leucocytes. The red cells are bi-concave disks, dark at the edge and with a clear or bright spot in the centre due to their bi-concavity. When this spot shows very distinctly a pathological state exists which we term endo-globular degeneration.

There is no nucleus in the red cells as you know. The white ones being nucleated in various manners, according to their stage of development. In addition to the corpuscles, there exists the so called blood plates. Blood plasma when obtained free from corpuscles is perfectly colorless in thin layers. The red color of the blood is not due therefore to the blood plasma, but is caused by the mass of corpuscles held in suspension.

The blood leucocytes which are by far the most interesting part of the blood to study, are divided up in different classes, as I have before mentioned, depending upon their stage of development. The function of these leucocytes has been the subject of numerous investigations, particularly in connection with blood diseases. Although many hypotheses have been made as the result of this work, it cannot be said that we possess any positive information as to the normal function of these cells.

It must be borne in mind that these cells are not all the same, histologically. I accept Erlich's classification and he divides them into three groups; namely, Oxyphiles or Eosiniphiles, or those which stain with an acid aniline dye, the acid portion of the dye acting as the stain. Second, Basophiles, those staining with a basic dye and third, Neutrophiles, those staining with a neutral dye. These white cells are nucleated, with one, two or more nuclei

which change their type and may become the so called transitional. The term then, being mono-nuclear, transitional and poly-nuclear. Normally the reaction of the blood is alkaline owing mainly to the alkaline salts and especially the carbonates of soda, which are dissolved in the plasma. The specific gravity of human blood in the adult male may vary from 1.041. to 1.067. The number of red blood cells is about 5,000,000 to the cubic millimeter of blood in a healthy adult male, and about 4,500,000 in the healthy female. If this number is exceeded which is very rare, the condition is called Polycythemia; if decreased it is termed, Oligocythemia. One of the most marked instances of the former which occurs, is the very extraordinary increase of red cells which is often met with in cases of congenital cardiac disease in children, amounting to as many as 8,000,000 to the cubic millimeter, a similar increase is seen in Phosphorous poisoning. Beside the ordinary red blood cells, we find in health small red cells supposed to be immature red cells, and called microcytes, while we may at times find very large red cells or Megalocytes. Not only may the red blood cells change but the quantity of their haemoglobin may also vary. Normal blood should contain 100% Although we may have perfect health with the amount estimated at 85%. This decrease is termed Oligochromaemia. In disease we find more or less marked alteration in the red cells themselves and in their coloring matter. The microcytes and the megalocytes already mentioned may become greatly increased in number. The red cells when they become deformed are termed, Poikilocytes. Some red cells, which unlike ordinary red cells possess a nucleus and are capable of amoeboid movement are usually given the very confusing name of Normo-blasts. Other cells have been found that contained pigment, or are vacuolized, or again so dim in appear-

ance that they are called shadow corpuscles. The proportion of the white to the red cells in health is about 1 to 500, but however great variation may occur. Thus after meals the white corpuscles are always increased so that the proportion may be 1 to 150. On the other hand, after this primary increase, they may be decreased and the proportion may be 1 to 800. Time of day is also a factor in producing variation.

The instruments employed to-day for the examination of blood consist essentially of the microscope which is used to determine the quality and the character of the red and white cells, their comparative number and the presence of parasites; the Polariscope which is employed in the color test for the purpose of determining the proportion of haemoglobin or in other words, the ability of the corpuscles to carry oxygen to the tissues, or for example, to detect the presence of carbon, mon-oxide-haemoglobin. Last but not less important is the so called Thoma-Ziess, Haemocytometer, which is a very delicate instrument used to accurately estimate the number of corpuscles in the blood.

Anaemia, which means a deficiency in blood and is represented or portrayed by two conditions, in one of which the pallor and other symptoms are due to a diminution in the number of red corpuscles, while in the other, there is a decrease of haemoglobin in each corpuscle. In regard to the white corpuscles, we find even a more interesting data, since their variation in number, form and character is marked in some diseases. Practically all conditions of the blood which are pathological, represent disease in organs connected with the blood directly or indirectly and do not depend upon primary changes in this liquid, except in rare instances. There are several varieties of anaemia, the most important of which is the so called Pernicious Anaemia, in that it progressively gets worse until death occurs in the majority of cases, al-

though a few may recover. The pathology of this disease is not understood. It is characterized by marked pallor without loss of flesh, or to speak more correctly, the sub-cutaneous tissues are added to rather than robbed of fat. There are gradually increasing dyspnoea, failure of strength, cardiac palpitation, venous murmurs, some vertigo and tinnitis.

The blood shows a most extraordinary and continually diminishing number of red cells, until the number may amount to only 143,000 to the cubic millimeter. In addition the following points of great diagnostic importance are to be noted. First the individual red cell is richer than normal in Haemoglobin; second, many are larger than normal, third, the red corpuscles are deformed, some being ovoid, others irregular, fourth, there are present microcytes or small cells; fifth, there are nucleated red cells, and sixth we may find Megalocytes and Megaloblasts which have a plain staining nucleus. These Megaloblasts are termed corpuscles of Erlich, since he claims that they are Pathognomonic of pernicious anaemia. Anaemia, depending upon lack of Haemoglobin in the corpuscles rather than a decrease in their actual number, is seen most typically in that condition termed Chlorosis. In this disease the corpuscular diminution is so slight that it may be totally ignored, but the decrease in Haemoglobin is very great.

In connection with anaemia, I may speak of Leukaemia which means a marked increase in white cells, more particularly the large mono-Nuclear Leucocytes.

Pseudo-Leukemia or Hodgkins disease must be differentiated from true Leukemia, by the blood examination, it being stated that in this malady there is usually only a slight decrease in red cells and no other marked changes.

The parasites of the blood occupy a vast field of study and are held account-

able for the different fevers such as malaria, Tertian fever, Quartan fever and the so-called Aestivo-Autumnal fever. These parasites consist for a great part of the malarial germ of Laveran or the "Haematozoon Malaræ," and the "Filaria Sanguinis Hominis." No more important addition to the study of disease from a diagnostic standpoint has been made than the discovery of the presence of a parasite in the blood of persons suffering from malarial fever, a parasite which is always present under these circumstances, and in all probability acts as the cause of all malarial phenomena. The parasites are varieties of sporozoa which live inside of the cell of the individual attacked. The parasite of malarial fever occurs in three forms, namely, as that of Tertian fever, that of Quartan fever and the parasite of the already mentioned Aestivo-Autumnal. A parasite of Tertian fever is a small Hyaline colorless body which occupies but a slight extent of the interior of the cell. When quiet, the parasite is round like the corpuscle but if examined fresh, it will be seen to have active Amoeboid motion. By the terms Tertian and Quartan, we mean as for Tertian a fever which occurs every two days and for Quartan every three days. We may have a double Tertian or in other words, a quotidian type in which the attack occurs daily. The cause of the paroxysm at a stated time is explained by the fact that when segmentation occurs in the full grown parasite we may look for an attack. The Quotidian fever is explained by the fact that two sets of parasites operate, one set segmenting say to-day, and the other to-morrow. The Quartan parasite which causes an attack every third day in its earlier stage of development, looks very much like that of Tertian form, for it occurs as a small Hyaline Amoeboid body filling a fraction of the corpuscle. It soon however, develops the following differences, first, it develops a sharper outline, second, it is more refractive, third, the

Amoeboid movement is slower, fourth the pigment granules are coarser and more important, they lie very quietly around the edge of the parasite, fifth, the corpuscle acts as host and does not increase in size and finally disappears. The third form of infection, the Aestivo-Autumnal, we find small Hyaline bodies but they have ringed appearance and sometimes very small; suddenly this body becomes larger and the ring is lost. Then however a Amoeboid movement takes place and a true ring is formed. The Peripheral circulation in this disease contains very few parasites.

Filaria and by this term we mean a long slender worm like body existing and swimming in the blood and lymphatics. The "Filaria sanguinis Hominis" occurs in three forms. First, the "Filaria Diurna" or that specie existing by day. Second, the "Filaria Nocturna" or that which exists by night, and third, the "Filaria Perstans" or that one existing persistently at all times. The "Filaria Diurna" and the "Filaria Perstans" are confined to patients found on the west coast of Africa and adjoining districts, while the "Filaria Nocturna" is pandemic in the tropics, and endemic in certain sections of the United States. The Filaria Perstans has been practically proven to be the cause of the so called fatal "sleeping sickness" of the Congo region.

Prognosis as determined by a blood examination in pneumonia shows in this disease as favorable if Leucocytosis is present, but is a bad sign if absent even in the mild cases and certainly points toward a fatal issue. Leucocytosis simply showing that the system is re-acting.

In diphtheria here again, the absence of Leucocytosis is a bad sign even in the mildest case. The phenomena should keep pace with the severity of the disease. The staining reaction is said to be proportional to the severity of the disease.

Also in scarlet fever and Scarlatinal Nephritis, the "Eosinophile" is a good sign and its absence hence a bad one. As in the before mentioned, the Leucocytosis is proportional to the severity. The foregoing facts simply serve to show that a conservative prognosis should not be made without a thorough blood examination.

All these facts which I have endeavored to demonstrate to you, concern this very minute body, the blood corpuscle, which first makes itself known in the marrow of long bones from whence it passes into those long narrow cylinders the blood vessels, where it must meet its foes, must fight disease, be overcome or return victorious.

THE TREATMENT OF CANCER.

CHAS. OTT, M. D., Kansas City, Kas.

The increase of cases of cancer has caused some alarm, and well may it, for it is one of the most terrible diseases known in this country. I will venture the assertion that in the beginning it is a local disease, which by dissemination of the cells or germs becomes constitutional at a later stage. This indicates the line of treatment possible.

Constitutional remedies are of little value in the treatment of cancer. We have had a large number of remedies lauded as curative agents in these cases, but they have to the present time not justified the praise bestowed on them. To me it seems that they must be classed as secondary agents to be employed after the removal of the visible lesion. That in such cases they may be successful may be readily believed, but can hardly be proven. Some time ago I had occasion to observe a case of melanotic sarcoma, which had been operated three times and then over 80 growths removed. At this stage a "medical specialist" attempted to "cure it." The result was a decided stimulation of the growths and a dissemination of the same over the body. Such observations have also been made by others. Therefore we should not rely on internal medication alone.

How shall we remove the neoplasmata?

Two methods are most frequently em-

ployed, namely: The use of the knife or electro cautery and escharotics. In both of them the object and result is the destruction of the diseased tissue.

A third method has been greatly lauded but has not proven reliable, namely, the injection into the tumor of anti-septics. Alcohol, pyoktanin and similar drugs have been employed. This method is not less painful, nor dangerous than the others and is much less reliable because we must reach all parts of the growth in order to be successful, and that is hardly possible, except in very small growths.

The surgeon admires the knife, and advises its use in all cases where it is possible. It is an easy method in most cases. It is surely tempting to contemplate the fact that in 15 to 30 minutes we can accomplish the removal on a breast, whereas by the escharotic method weeks would be required. But the patient is most anxious to have a cure, not a removal only.

Surgery cannot boast of many cures. Said a very prominent surgeon: "I have operated 147 times for cancer of the breast and all but two have returned, and I am not sure that these two were cancer." And he was not a medical pessimist, for medical text-books claim only about 15 per cent of cures.

The reason for this is obvious. Those who have had experience in this matter know that infiltration will extend much

beyond the actual growth. And no eye can possibly discern in which direction this is most extensive. I have seen a growth extend by invisible infiltration half an inch in one direction and three times as far in the other. Therefore Dr. Bernays has advocated the removal of the entire muscle after one end has become infiltrated. That such a radical sacrifice of tissue is not advisable is easily proven.

The escharotics will attack the tissues of low vitality or recent formation first and some of them will confine their action to these. Thus they will follow the infiltrations till sound tissues are reached. Then they stop. A line of demarkation forms and finally the tumor becomes completely detached.

Experience has taught me several lessons in this line. It takes time for a complete penetration of the neoplasm. And if we stop the application of the plaster before the work is complete, it will soon reappear. Therefore it may be well to apply the plaster for some days after the line of demarkation becomes visible. In fact, it may, without danger be applied till detachment is complete. If the work is well and thoroughly done, the healing process will be rapid and complete. The wound should be examined with a strong reading lens or a magnifying glass. All healthy granulations will appear round and smooth, while malignant ones will assume the cauliflower shape and appear uneven.

There are many plasters and not a few methods! The "Charlatan has his plaster." He alone can apply it. "Nobody must see it. There is nothing like "his discovery." Well we will let him alone. We don't need him, nor his

plaster, and care nothing for "his secret," as long as we have at our command plasters that will do the work.

Arsenic should not be used. Of course, with it we can imitate the Charlatan and "take it out with the roots." It causes more breaking down of connection tissue, therefore more suppuration and abortion. And it may itself be absorbed in such quantities that it may create a shock to the system.

Caustic potash (K O H) is very useful but should only be used to devitalize the epidermis and to open up the way to the tumor, where there is much healthy tissue overlying the same. For this purpose we may use the following formula:

Caustic Potash (K O H).

Pulv. Sanguinaria.

Pulv. Hydrastis. aa

Water q. s. ad pasta.

Before using add 5 per cent Hydrochlorate of orthoform.

After the way is opened use the following:

Zinci Chlor.

Pulv. Sang.

Pulv. Hydrastis. aa

Water q. s. ad pasta.

Five per cent Orthoform Hydroch. to be added just before application. Make the plaster a little larger than the tumor. Leave on as long as the patient can bear, or if not painful, for 24 hours and then remove. When there are no nerves implicated there will be very little pain. When the plaster is not on, cover with vaseline or an antiseptic poultice. If during detachment pus forms under it, let it out as soon as possible. That will give relief.

The wound should be treated according to the rules of surgery.

A PECULIAR SURGICAL CASE.

BY J. W. MACLAHLAN, M. D., Dayton, Wash.

The following is the history of a case which is quite rare and one that may be of interest to the readers of the *Counsellor*:

W. C., farmer, age 34, says he had been troubled with gravel for two or three years and was quite often obliged to pass a catheter into the urethra to

dislodge the small calculi, in order to void his urine. Two weeks previous to his call at my office he had lost his catheter, and not wishing to come to town had been using a hat-pin $6\frac{1}{8}$ inches long with a round black head, which he says served the purpose of the catheter very nicely. While using it on this occasion, the pin accidentally slipped from his fingers and passed into the urethra, in which the point could be readily felt about one inch from the external meatus. The patient drove from six miles out in the country holding the penis with the pin against the abdomen, so as to prevent its passing into the bladder. He had tried many times to extract the pin and had lacerated the urethral walls, causing considerable haemorrhage. After giving chloroform, I attempted to grasp the point of the pin with forceps and also used the urethral speculum, but with no success. I then decided to grasp the head of the pin and fix it behind the scrotum with the fingers, turn the penis upon the abdomen and press it

back on the point of the pin one inch from the meatus. The point was so blunt, I was obliged to make a puncture with a knife over the point of the pin and then press it through the tissue, grasping it with forceps and drawing the pin forward until only the head was left in the urinary canal. The shaft of the pin was then turned back, the head forced forward through the external meatus, then grasped, and the pin drawn through the puncture in the urethral walls. I feared considerable inflammation would follow, but by use of the catheter and boracic acid injections for a few days, he became quite well again. Since treating this patient, I have noticed a report of two cases in the Philadelphia Medical Journal—one by Dr. Thos. M. Paul, Vol. vi., No. 24, and the other by Dr. P. J. Kress, Vol. vii., No. 3—which were treated in a similar manner to my own. I have never seen any method described in our text books on surgery for treatment of foreign bodies in the urethra like the case I have given.

Dr. H. A. Hare, in the international Medical Magazine, emphasizes the fact that fever is a conservative process, which stimulates the glands which produce white blood corpuscles, and within reasonable limits (up to 103 degrees, unless protracted) it should not be interfered with. He condemns the use of antipyretic drugs, and advocates the use of cold water, always with friction of the extremities to bring hot blood to the surface, as well as to improve the tone of the vessels.—American Therapist. (There is not a doubt in our mind as to fever and its treatment. Unless beyond control, it is physiologically beneficial, and the physician who tries to knock down and drag out every case of fever by giving antipyretics, whether they be aconite, veratrum, the coal tar derivatives, or

others, is driving nails into coffins of his patients. It is only a question of time, with each patient so treated, when he must succumb from causes superinduced directly or indirectly by his having been dosed by antipyretics and antiphlogistics. The best physicians are beginning to believe this.—Eclectic Magazine.) Treat the patient and the fever will care for itself.

Dr. Alfred Graham, of Detroit, Mich., Professor of Mental and Nervous Diseases in the Detroit Homeopathic Medical College, was a recent caller at Los Angeles. His wife is spending the season with relatives at Los Angeles, and Dr. Graham expects to spend several of the winter months each year in our Italy.

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Editorial.

THE CANCER GERM.

Modern medicine is nothing if not of an investigating turn. With microscope, scalpel and drug experiment the profession has sought to wring from nature the secrets of disease. One class of cases has baffled the observers continuously—the malignant growth. The structure of these destroyers of mankind have been studied and pictured as openly as anything in science, but the cause of their origin or the means of their prevention has been up to now a closed book.

Recently a Buffalo physician, Dr. H. R. Gaylord, of the Buffalo University, read a paper before the local medical society describing a protozoan which he claims is the cause of cancer. The Philadelphia Medical Journal says that Dr. Gaylord will publish early in May in the American Journal of the Medical Sciences in this city, a paper recording the results of his observations. He will

give a full description of an organism, which belongs to the class of protozoa, and which he claims that he has demonstrated is the cause of cancer. In this paper he will report cases of the production of cancer in lower animals by inoculation with pure cultures of this germ. He will also present a summary of the length of life and of the gross lesions in 72 animals thus inoculated. He claims that this transfer of the disease to animals has been accomplished by inoculation with germs derived originally from human patients, and that the positive identification of the disease in these animals is scientific proof of the accuracy of his discovery. He also attempts to show of the correlation of the findings of various investigators with the different phases of the living cultivated organism as he has observed it. He even calls attention to the relation of the organism of cancer to

the protozoon of smallpox. Eventually Dr. Gaylord, we are told, will give an analysis of the histological findings in the 72 inoculated animals, but this summary will not be contained in the article here referred to. It is too soon, of course, to attempt to subject Dr. Gaylord's paper to scientific criticism. We refer to it here merely as a matter of promised medical interest. It is needless to say that it is entirely too early to prophesy what effects this discovery, if it be confirmed by competent observers will have upon the therapeutics of cancer. In conclusion we may remind our readers that Dr. Gaylord claims that cancer is caused by a protozoon or animal parasite, not a bacterial or vegetable one.

Progress in Intraspinal Cocainization.

Tuffier (*La Semaine Medicale*, December 12, 1900), has come out in a long article destined to further popularize this method of producing surgical analgesia.

He has now practiced intraspinal cocainization for over a year, and he has kept in touch with most of his cases.

Certain points, he says, have now become established, while others are still debatable.

Analgesia is obtained for all tissues below the diaphragm. Perfect asepsis must obtain. The abolition of sensation is total, and the duration of this abolition is extensive enough to permit of any form of surgical intervention. There is no danger of the cord, near or remote. No complications have arisen to interfere with the natural course of the operation. Trendelenburg's position may be safely employed.

There was one death on the day fol-

lowing operation. The autopsy revealed organic heart disease, together with congestion and oedema of the lungs.

The author has attempted to use other narcotics or stimulants in conjunction with cocainization, as synergists or correctives, but he has discontinued them all, and sees no indication for their use. Among the substances thus exhibited were atropia, morphia, nitroglycerin, ether, caffeine.

Tuffier now proceeds to analyze the customary phenomena of cocainization. He sees no need for preliminary anesthetization of the skin, any more than in the case of an ordinary hypodermic of morphia.

Perhaps twenty per cent. of patients experience no collateral effects from first to last. But as a rule a sensation of general malaise is felt, and this extends in a certain number of cases to the production of nausea, with or without vomiting. The general malaise is made up of respiratory anxiety, a sense of weight in the epigastrium, loss of feeling or numbness of the legs, etc. These sensations begin from five to eight minutes after the injection, and persist for ten, or, rarely, for fifteen minutes.

Nausea is very common; perhaps forty per cent of patients have it. Its presence is usually announced by pallor of the face. This phenomenon Tuffier connects in some way with the intraspinal tension. If the latter is high, as shown by tendency of the fluid to spurt from the puncture, Tuffier thinks that these unpleasant features are less likely to occur. Nausea also depends somewhat upon the dose. In quantities of two and a half to three centigrams nausea follows much more readily.

Vomiting occurs in about twenty per cent. of cases, and is more prone to result in women. Its causes are not quite clear, but as in the case of ordi-

nary anesthesia by ether, it occurs more readily in emergency cases in which the stomach and bowels have undergone no preparation.

The above phenomena comprise all the complications of a subjective character. Of other manifestations having principally an objective character we may best arrive at their due consideration by canvassing the various organs.

Nervous System.—Consciousness is fully retained. The lower limbs feel dead, and while the patient can move them freely, he has no desire to do so. The sphincter ani, however, is often completely relaxed. The sensations of heat and cold persist, and the patient can feel the heat of the thermocautery, but it gives him no pain. The muscles, although they conserve their motor power, are in a state of relaxation.

Circulatory System.—The pulse is more rapid and softer than normal. The arterial pressure is lowered. The circulatory rhythm is not affected.

Respiratory System.—The breathing is slightly deepened. There is no other alteration.

Digestive Apparatus.—Aside from the nausea and vomiting already mentioned, there remains to be noted the escape of gas or fecal matter per rectum. This accident occurs only in about five per cent of cases. There has never been observed any corresponding incontinence of urine.

Tuffier next discusses the phenomena observed after the analgesia subsides. Post-operative headache is quite commonly met with (forty per cent.). In all but a few cases (ten per cent.) it disappears over night. Antipyrin and its congeners cannot be depended on to relieve this headache, and Tuffier prefers to employ a cool compress.

This form of headache is not the only manifestation of its kind recorded in these cases, for Tuffier also describes a belated cephalalgia or migraine, which appears between two and five days after operation.

Other post-operative accidents occur, such as slight elevation of temperature; but they seem to have no practical significance.

Tuffier has now operated 252 times. He states that there are but two principal contradictions for his method, viz., childhood and hysteria. We note in his tabulated results, 22 appendicectomies, 42 herniotomies, 17 ano-rectal operations, 10 total abdominal hysterectomies, etc.

The Influence of Sterilized Air Upon Animal Life.

“Therefore as a result of the experiments made by me in 1893 and 1894, and during the present year, upon the influence of sterilized air upon animals, I maintain that, besides the oxygen of the air, certain microorganisms of the air are also necessary to maintain life and the normal metabolism in the tissues. These microorganisms enter the blood during the interchange of gases and are devoured by the leukocytes (hence they are not found in normal blood), then, after they have been digested by them, they give rise to the formation of ferments without which the normal process of oxygenation in the organs rapidly diminishes, and is replaced by the formation and accumulation of a large quantity of incomplete intermediary products of tissue metamorphosis, that is, by leukomaines, which cause the death of the animal.”

This is, to say the least, a startling assertion. —Kijanitzin (Virchow's Archiv, 102, p. 515), who has done much work with sterilized air, has performed a number of experiments by placing sterile newly born and other animals in sterile vessels, and supplying them with sterile atmosphere. Under these conditions the animals emaciate, as a result of a marked increase in the nitrogenous excretion compared with the nitrogenous intake, and a large propor-

tion of them die in five days, or less. It does not appear possible that this is due to the formation of any poisonous element in the air, as a result of the intense heat to which it has been subjected; and CO was not present in the blood of the animals after they died. Therefore it seems reasonable to suppose that the mere fact that the air was sterile, that is, contained no microorganisms, must be the true explanation.

The author supports his doctrine by the following arguments. First, that most of the normal ferments of the blood are found in the leukocytes. Second, in certain pathological states certain of the pathogenic microbes are digested by the leukocytes and give rise to the formation of substances that possess the characters of ferments. Third, the non-pathogenic microbes, instead of being absolutely neutral, exert, under certain circumstances considerable influence upon the tissue, especially upon the leukocytes. Fourth, the fact that the animals subjected to the experiment died not only in the apparatus, but frequently from ten minutes to an hour and a half after their removal from it, when they had been supplied with ample nourishment and everything to enable them to recover, is an indication that some profound alteration in their economy had taken place.

In order to determine what this alteration was he made careful estimation of the nitrogenous metabolism, and found that the proportion of the total nitrogen in the urine in the urea, which, in normal animals is about 100 to 90, in the animals subjected to this experiment was altered to 100 to 55, and even less, as a result of the enormous increase in the proportion of leukomaines.

The interesting feature about this paper is the light it throws upon the moot question of the advantage of bacteria in the economy of the higher animals. It has been supposed, in fact it has been accepted, that the bacteria of

the intestine are concerned in the digestion or at least in the disintegration of cellulose, but, aside from this, no actual benefit derived from their action has ever been definitely proven, excepting of course those very indirect benefits that result from the formation of antitoxins.

If Kijanitzin is correct we must modify our views, or rather agree to believe that the ferments of the blood, which by the way are not as well known as they should be, but whose functions are undoubtedly of the greatest importance, are produced largely, if not exclusively, as a result of the conversion of the bodies of bacteria obtained from the atmosphere by the action of leukocytes.

If one should allow one's imagination to run riot it might dream of the treatment of various dyscrasias by saturating the air in which the patient should be placed, with certain forms of bacteria whose bodies should supply the missing ferments.—Philadelphia Journal.

Argentum Nitricum.

Some time ago one of the leading lights of *Materia Medica* in this city was to have read a paper before the Homeopathic Medical Society of Chicago upon the subject of "Neglected Remedies." I ran over in my mind what I thought he would bring up and to save my life I could not imagine one more than another that he would be able to talk about, for it seems to me in this ultra-scientific age that nearly all our remedies are neglected entirely too much for the good of the patient, in the apparently vain effort to find a specific for a malady, and so I am here to-night to present to you a study of one neglected remedy—Argentum Nitricum.

Argentum nitricum was proved by Dr. Muller many years ago and the

provings may be found in Hempel's scholarly work on *Materia Medica*, where the clearest insight into the field and action of the remedy may be secured. It is a compound of nitric acid and the oxide of silver forming an anhydrous salt which chrysalizes into colorless, rhombic plates, perfectly clear, but becoming dark if exposed to the light. Its duration of action in chronic cases is about twelve days. I understand this to mean that when an effect is noted the remedy is not again to be repeated until the end of that time. Kitchen salt is the antidote to it when taken in excessive doses, to be followed after vomiting, with large doses of oil.

Argentum nitricum affects the vegetative nervous system destroying the power of assimilation. This peculiar action is noted in the withered, dried-up appearance of patients in whom this remedy is so frequently found of benefit. Especially in children, when suffering from summer complaint (I like the old name better than enterocolitis) is its indication expressed in this symptom "child looks like a little old man."

Argentum nitricum has long enjoyed a reputation as an excellent remedy in nervous diseases. In epilepsy and chorea, especially has it been found serviceable, and was held in high favor in earlier years, and even to-day I doubt if there is a single remedy in the *materia medica* which does so much for patients afflicted with locomotor ataxia as does this salt of silver. In epilepsy it has one guiding symptom which calls for the exhibition of this remedy, and that is "for a day or two before the attack comes on the pupils of the eyes will be dilated."

Silver, like gold, affects the mind. This is shown under argentum not only in the mental state of the patient, but also site, an apathy of the mind bordering on imbecility. The patient is despondent under argentum nitricum and

imagines he has different diseases. Women sometimes imagine they are pregnant. Its effect upon the mind is to bring on a diarrhea from anxiety. Thus we find there may arise a diarrhea from apprehension of entertaining company, from going to church or to opera. This symptom recalls gelsemium and, all things being equal, gelsemium is the better remedy in these cases. In women we find this symptom: "Impulsive, must walk fast, always hurried," and this is a characteristic symptom. The same mental state is found under the tiger lily; so when it is present you would suspect some derangement of the sexual function, and it is in just such conditions that argentum nitricum is helpful.

In headaches many times some other remedy is prescribed, no doubt, when argentum is the homeopathic one. One of its most marked symptoms is the feeling as if the head was enormously enlarged. This headache is relieved by tight bandaging. The headache is one of congestion and is due to a pressure of blood within the brain.

Argentum nitricum has won its greatest spurs in ophthalmia in children. In purulent ophthalmia there is no remedy that equals it for excellent results. Dr. Norton in his work on "Ophthalmic Therapeutics" pays the following tribute to the beneficial effects of this drug in purulent inflammation of the eye: "The greatest service that argentum nitricum performs is in purulent ophthalmia. With large experience, in both hospital and private practice, we have not lost a single eye from this disease, and every one has been treated with internal remedies, most of them with argentum nitricum of a high potency, 30th or 200th. We have witnessed the most intense chemosis, with strangulated vessels, most profuse purulent discharge, even the cornea beginning to get hazy and looking as though it would slough, subside rapidly under argentum nitri-

corn internally. The subjective symptoms are almost none. Their very absence, with the profuse purulent discharge, and the swollen lids, from a collection of pus in the eye, or swelling of the subconjunctival tissue of the lids themselves, indicate the drug." With such an endorsement, from such a competent observer, there is nothing left to be added concerning its effectiveness in the cases.

To the student of *materia medica* there is something more in the statement above than just its effect upon the eye. It tells of the peculiar effect of the remedy upon the mucous membranes wherever they may be found and it is this action that has rendered the drug so useful in gonorrhœa. There is probably no other remedy so frequently used in gonorrhœa as is this one and none other that does such excellent work. Among the symptoms upon the genito-urinary system we find these: Burning during micturition; cutting from the posterior portion of the urethra from behind forward; inflammation and violent pain in the urethra, priapism, chordee, bloody urine, fever; frequently desire for urination. These cover the majority of the symptoms found in the primary stage of gonorrhœa.

It is, however, in the disorders of the stomach where I have found the drug of greatest service and this use of the drug was suggested by a paper written some years ago by my friend, Dr. A. L. Fisher, of Elkhart, Ind. In the dyspepsia of business men it stands as far above its fellows as does the hyperion above the satyr. The mental picture of the *argentum nitricum* is a perfect *fac similæ* of the mental state these dyspeptics are in. The depression, melancholia and weakness of memory; the easily tired out condition of the brain; the hurriedness and anxiousness; the constant fear of loss of are poor eaters. I do not mean by that

they do not eat enough, but they eat—mind are found—and prominently present in these cases, and are all characteristic of this remedy. Then the stomach in the actions. He desires to move, to be busy, and this without any distinct purpose in view; or we find the opposite symptoms are clear cut. Guernsey gives as a characteristic: "The stomach feels as if it would burst with wind, accompanied with great desire to belch, which is accompanied with difficulty, when the gas finally is expelled it comes out with great violence." It is well to add here that belching relieves under *argentum nitricum*, and there is no doubt in my mind but that many a patient has been criss-crossed back to health under *lycopodium* and *carbo. veg.* or similar remedies when *argentum* was the homeopathic remedy. I am certain that I have made the mistake many a time and I have no question but there are others as careless in prescribing as myself. These patients the wrong things. They indulge in too much sweets and characteristic aggravation of *argentum nitricum* is "worse from sweets."

Argentum nitricum rivals *nux vomica* in *cardialgia*. The pains radiate in all directions and are worse after eating. *Cardialgia* with internal chilliness; with violent cutting pains—gripping and cutting pains. A case is related in *Hempel's Materia Medica* of an attack of *enteralgia* cured with *argentum nitricum* that covers nearly the whole of the symptoms. It is as follows: Woman, aged 38. Abdomen became distended during an attack of epilepsy, painful to pressure below the umbilicus, eructations, depression of spirits. Among its symptoms is found, stitches that dart through the abdomen like electric sparks especially during a change from rest to motion, located on the right side. Its location is in the region of the liver.

Our old school friends use nitrate of

silver internally to a greater or less degree. Potter has this to say of it: "Internally the silver salts are used in dyspepsia with vomiting of yeasty fluid, chronic gastritis and gastric ulcer." These conditions would indicate the presence of severe cardialgia and especially would we find the pains much aggravated by a meal, showing the homeopathicity of the salt to just such conditions. Butler in his late work says, "Argentum is a cure for gastric ulcer in which it may be combined with opium. Gastralgia and chronic gastritis, ulceration of the rectum, dysentery and diarrhea of typhoid have been remarkably benefited by its use. * * * Argentum nitricum is the only remedy of any value in locomotor ataxia; but, owing to its discoloration of the skin which it produces it cannot be used continuously, and in many cases it fails." As I read these instructions from the text-books of the dominant school for the use of this remedy I am led to pity them because of what they lack. They are minus the true guide to the remedy. The aggravation from eating, the in-co-ordination of muscles which it produces, as is shown in the fear that houses will fall upon him, and inability to walk with closed eyes, the aggravation from eating, the belching which relieves and the mental state are not mentioned. It is like one asking the direction to a certain city and the reply would be "Go north." The answer would be right but not definite. That is what they stand sorely in need of from a therapeutic sense.

In loose evacuations from the bowels it is a potent agent for good. The aggravation from eating is a jewel of the first water. "Liquids go right through" is another. The stools turning green on the diaper after standing a time has been the key to many a cure. Green mucus stools, something like aconite stools, resembling chopped spinach. During stool much flatus is passed and

the stools are accompanied with much noise. Run over in your mind the baby cases you have treated and then recall the number of times you ought to have prescribed this remedy, but instead have given aconite, chamomilla, etc. Under argentum nitricum the child craves sweet things, and this craving has often led to the choice of the remedy. In advanced stages of dysentery argentum nitricum comes to the front as a curative agent. Refresh yourselves with its pathogenetic effect, remember that it produces ulcerations of the large intestines with stools consisting of masses of epithelial substances; stools colored red or green, shreddy, frequently passed with severe bearing down in the hypogastrium, and you have a remedy homeopathic to a large number of these cases when they have progressed to a low stage.

Argentum nitricum has come to the fore lately as a curative agent in tuberculosis. Those who have studied its effect, internally, have been impressed with its power to promote nutrition, and taking this action into consideration have used it in this disease. It is recommended hypodermically, in five-drop doses, of a two-and-a-half per cent solution, once a week or every ten days, and under its influence the night sweats have ceased, the cough stopped, increase in weight resulted, and every patient in the incipient stage has fully recovered. This I read in a recent journal and only quote it that you may give it a trial when opportunity presents.

I will close this altogether too long a paper by reciting one case in which argentum nitricum has done much and which I believe it will cure.

Case.—Miss M—, school teacher; been sick several years. She was first treated for prolapsus uteri by a local physician but getting no better placed herself under the care of a specialist, who recommended an operation. Patient was placed under an anesthetic

and the Alexander operation performed. Since that time she has been subjected to the most excruciating attacks of neuralgia, located in the right side, a little below the liver and near the region of the appendix. These attacks come on after a hard day's work, or from anything that exhausts her nervously, from riding in a carriage, a jar, etc. They commence with a feeling of tenderness and aching which continues to increase in severity until the pains becoming cutting, severe and accompanied by vomiting. As the attack reaches its climax and just preceding the beginning of relief there is rumbling of gas in the ascending colon, which finally passes off through the anus and the patient recovers. The side is sore to the touch for several days after the pain. The pains commence gradually increase in severity until they reach their climax and then gradually cease. On account of the character of the pain platina and then stannum were prescribed without any apparent effect. I took the case again, learned the patient had a sweet tooth, that she was despondent, that the pains were better from pressure and prescribed *argenticum nitricum* 6x. She has had but one slight attack since. The case has been diagnosed as floating kidney, as appendicitis, gall-stone colic, but I feel certain that it is a neuralgia of the ascending colon, and this remedy will effect a cure. It has now been three months since an attack, the longest period of relief yet experienced. She has been treated mostly by allopathic physicians.—Wilson Smith M. D., in *The Medical Visitor*.

Some Neglected Remedies.

Bellis Perennis: The Daisy Bruisewort.—This member of our traumatic armamentarium holds the same place in domestic practice in England, that *arnica* did in Germany before, it was placed in the list of our polychrests by

Hahnemann and his drug-proving pioneers. Like *Arnica*, *Hamamelis*, *Ruta* and others it has in a marked degree:

Bruised soreness of affected parts. (*Arn.*, *Bapt. Ham.*)

Lameness as if sprained, of parts affected. (*Rhus.*)

Blueness and soreness of boils on nape. (*Arn.*)

Sprains of joints with great soreness, sensitive to the touch, ecchymosis and swelling. (*Led.*)

Venous congestion due to mechanical causes.

During pregnancy, inability to walk; lame, stiff, bruised sensation in abdominal muscles and pelvic organs, extending down the thighs.

The uterus feels sore, bruised; conscious of a womb; it is sore and sensitive (*Helon, Lys., San.*) when *Arnica* fails to relieve.

For the traumatism after labor when *Arnica* though apparently well selected fails to relieve the intolerable sensitiveness to touch.

Bruised, sore pelvic nerves, and inability to walk after a difficult or instrumental labor.

Ailments from getting wet when overheated (*Rhus.*)

Pyrogen.—I have found this remedy invaluable in fevers of septic origin, all forms, when the best selected remedy fails to relieve or permanently improve.

The bed feels hard (*Arn.*;) parts lain on feel sore and bruised (*Bapt.*;) rapid decubitus (*Carb. ac.*;) of septic origin.

Chill—begins in the back between scapula, severe, general coldness of bones and extremities.

Heat—sudden, skin dry and burning; pulse rapid, small wiry, 140-170; temp. 103-106.

Sweat—cold, clammy profuse, often offensive.

Pulse abnormally rapid, out of all proportion to temperature (*Lil.*)

In septic fevers, especially puerperal, where foetus or secundines have been retained, decomposed; foetus dead for

days, black; horribly offensive discharge.

When patient says, "have never been well" since septic fever, or abortion. or a bad confinement.

To arouse vital activity of uterus and enable it to expel its contents.

Malaria Officinalis.—This new candidate for febrile honors bids fair to become the most valuable addition to our *Materia Medica* which the present decade has furnished. So far as the provings and certifications go it seems to hold the same relation to suppressed chronic malaria that *Chichona* does to acute.

It is in the constitution impregnated with miasms of psora, sycosis, syphilis or tuberculosis that drug suppression is so fatal, and here the records show this remedy to be very effective. Where hitherto we have had to zigzag a cure with sulphur and other anti-psoric remedies this appears to go to the bottom and remove the cause *de nova*. Psoric or tubercular chills and fever—outbursts of psora or tuberculosis under the so-called popular name *La Grippe*, when the attendant is hard pressed for a diagnosis—may here find its similar. Also those occasional epidemics of fever in dry seasons, where as in Kansas and Missouri in 1898, this remedy appears to be the genus epidemicus. The symptomatology may be found in the transactions of the I. H. A.

Psorinum.—Hahnemann calls this remedy "a homeopathic antipsoric." From many years of study and use of it in both acute and chronic diseases, I think from my experience it justly takes the rank of king of antipsorics. There are many cases of psora, scrofula, or other forms of constitutional dyscrasia—which can never be cured without this great constitutional remedy; and yet there are hundreds of homeopathic physicians who have never used it. I have found the following indications guiding, when patient reveals a personal or family history of:

Suppressed eruptions, especially when sulphur fails to develop.

The patient or some member of the family has, or has had, eczema, increasing in cold weather.

Quinsy in the patient or some other member of the family, especially at change of seasons.

Patient had typhoid or continued fever years ago from which has never fully recovered; never sick before, always ailing since.

Hay fever or asthma, appearing regularly every year, same day of month.

Feels unusually well the day before attack.

Body has a filthy smell even after bathing.

All excretions have a carrion-like odor.

Want of vital reaction after an acute disease; tongue is clean, but is weak and appetite will not return.

General debility and weakness, without any apparent cause or any organic lesion.

Severe ailments from slight exertion or trifling emotions, without any apparent cause; joints easily sprained or injured.

When best selected remedy fails to relieve or permanently improve: when Sulphur, Calcarea or Iodine seems well indicated but fails to act.

Onosmodium Virginiatum.—The valuable proving of this remedy by Dr. W. E. Green furnishes one of the best pictures to be found in the *Materia Medica* of the general outlines of depraved or lost sexual life in women; and the consequent nervous wrecks, mentally, morally and physically of this age of one child or childless families. The supposed imperious demands of society and the Malthusian determination on the part of the modern woman to comply with the requirements of wifehood without assuming the joys and responsibilities of motherhood, has led to all kinds of preventive measures. The practice of the geneaic fraud and kindred de-

vices soon destroys all sexual desire and enjoyment on the part of the woman, breaks the silken bond of wedded life, ruins the nervous system and ends in the divorce court or suicide. After a careful study of the case, compare these guiding symptoms:

Loss of memory; she cannot remember what is said.

Mentally dull, drowsy, confused; cannot concentrate her thoughts; complete apathy and listlessness.

Dull heavy pain in occiput and cervical spine.

Eyes dull, heavy, sore; lids are heavy as from loss of sleep.

Bearing down pains in the uterine region.

Soreness in region of uterus worse from pressure.

Sexual desire completely destroyed.

Leucorrhoea, yellow, offensive, acrid, profuse, running down legs (Alum., Lys.)

Tired, weary and numb feeling in the legs.

Sensation of numbness, mostly below the knees.

The legs feel tired, as though they would not support weight of body.

Staggering gait in walking; cannot keep in the path.

Dull aching pains in lumbar region.

The arms and hands feel tired and weak.

Great muscular weakness, prostration and weariness over entire body.

The muscles treacherous and unsteady, as though one did not dare to trust them.

Lyssin.—For the change of name from Hydrophobinum to Lyssin, which has been adopted by Hering, we are indebted to Ziemssen. Yet under the old and clumsy name the remedy did its work just as well. The guiding symptoms are:

The sight or sound of running or pouring water aggravates all complaints.

Cannot bear heat of sun (Gels., Glon., Lach., Nat.)

Mental emotion, exertion or mortifying news aggravates (Gels.).

Complaints resulting from abnormal sexual desire (opposite of Con.).

Vagina sensitive, renders coition painful, even impossible (Plat.).

Prolapsus or other displacements of uterus; many cases of years standing cured.

It is in these cases especially that the value of this remedy often lies, and has been overlooked very often. I have been frequently gratified by its prompt curative action when the aggravation from heat of sun, mental emotion or pouring water were the prominent guides, and Lachesis, Natrum or Sepia did not fully correspond.

Latrodectus Mactans.—From a number of cases of bites by this spider reported from Virginia and Kentucky the following symptoms are obtained, and the similitude to angina pectoris would warrant a proving and clinical verification of a promising remedy in an affection where our remedial agents are few, where help is often needed and needed very badly. The following toxic symptoms are significant:

Nausea, copious black vomiting.

Severe abdominal pain.

Great anxiety.

Violent precordial pains extending to the axilla and down the left arm and forearm to finger tips, with numbness of the extremity.

Pain extending up arm to shoulder and back.

Pain up arm to shoulder thence to praecordia.

Left arm numb almost paralyzed.

Apnoe extreme, exclaiming she would lose her breath and die.

Pulse feeble, thready; could not be felt in left radial.

Skin cold as marble.

Copious black evacuations.

Sinking sensation at epigastrium.

Euphorbium.—The factor in Euphor-

bium that has not been fully developed in the provings or in the clinic is the terrible burning pain. A few cases are reported in some of the following conditions or diseases, where it has greatly modified the suffering or cured the patient.

Intense burning pains as if a live coal were on, or in the part, and Arsenicum or Anthracin fail.

In the burning of uterine or mammary cancer.

In the bones, in caries and necrosis.

In erysipelas bullosa, or facial erysipelas, vesicles as large as peas filled with yellow liquid.

In carbuncle or eruptions on covered or hairy parts.

In gangrene of old persons; blood-boils.

In old torpid, indolent ulcers, with lancinating, bitter, lacerating pains worse in morning, on becoming heated near fire, lying down, changing position, beginning to move, when sitting, from touch; better from motion and walking.

Here Rhus is often given with at best but partial relief. Then, when Rhus fails to cure and the burning of Euphorbium begins, it is generally followed by Arsenicum or Carbo veg. We zigzag a cure with Rhus, Arsenicum or Carbo veg. when Euphorbium alone might do the work, and do it better and quicker.

Sedum Acre.—As the acute parturient of Count Mattei, Sedum Acre has obtained a reputation in Italy equal to Actea rac. and Caulophyllum in America. But the symptomatology of the later has verified their domestic use while Sedum Acre is still waiting a reliable proving from some enthusiastic disciple of Hahnemann.

Sedum Telephium—has cured hemorrhages of uterus, bowels and rectum. It is a popular remedy in Switzerland for all forms of uterine hemorrhage.

The late Dr. Swan once wrote me:

"If you have an obstinate case of uterine hemorrhage, menorrhagia, or metrorrhagia, especially at the climacteric,

think of Sedum teleph. when your best selected remedy fails. An old physician in Switzerland wrote me that Sedum teleph. was a wonderful remedy for hemorrhage of bowels, rectum and uterus. I had at the time two severe cases on hand and I gave it with wonderful success. I know nothing more of the drug; but I would not throw away that little knowledge for it may some day help me when I need help."

Coclearia.—I once had a patient suffering for months with an annoying bronchial cough, for which many remedies, well selected, had not afforded even temporary relief. I finally ascertained that he ate large quantities of horse radish in his soup, on his meat, in fact on every article of food. The cough stopped in a few days when the cause was removed. Here are a few symptoms:

Pressing, boring headache in forehead and root of nose.

Dry, hacking, irritating, laryngeal cough.

Cough, constant, hacking, bronchial; dry or loose, with some mucous sputa, worse from lying down. As a sequel to influenza or when it occurs during an epidemic of la grippe, I have found it very helpful and often almost specific.

Heloderma Horridus.—If a comparative estimate of the value of a remedy may be made by the completeness of its provings, all that is required to place Heloderma among the polychrests with Lachesis and Naja is an extended proving with its potencies. Its action on the cerebro-spinal nervous system is profound and it promises to be one of our most useful remedies in myelitis or spinal meningitis, with tendency to progressive paralysis or locomotor ataxia. Gelsemium and Natrum sulph. are similar but have heat and sweat following chills.

Chill; with intense internal "arctic coldness."

Coldness of heart and lungs.

Cold band around head (band without coldness, Anac. Carb. ac., Sulph.).

Cold waves from occiput to feet, or they ascend from feet.

Intense aching in bones and all parts of body.

Coldness of single parts, hands, feet, pelvis, testicles.

Intense weariness and profound prostration of every part of the body; numbness of extremities.

Temperature, persistently sub-normal: 96-97; pulse 56-65; urine sp. g. 1008-1010, greenish-yellow, fetid, decomposes rapidly; flow intermits.

It may prove an antidote to Phenacetin and the coal tar products.

Carbo Vegetabilis.—In epidemic measles nearly every homeopath at once thinks of Pulsatilla as the genus epidemicus; but how few ever study Carbo vegetabilis in search of the genus epidemicus for whooping cough. Belladonna, Drosera, Coccus, Cuprum, Kali, Ipecac, etc., are at once studied when the case is not clear, or does not call loudly for one of the above mentioned. Compare this long list of spasmodic cough symptoms found under Carbo vegetabilis.

Cough: caused by itching in larynx (in trachea Con., Iod.) in evening on going to sleep and in the morning on waking (with viscid, salty sputa).

Cough: half involuntary, from roughness and crawling in throat; spasmodic, hollow, in short, hard paroxysms; caused by sensation of vapor of sulphur. The cough is mostly hard and dry, or hard and rough sounding, most apt to occur after a full meal and ends in vomiting.

Cough: spasmodic, in three or four paroxysms daily. Every coughing spell either brings up a lump of mucus, which relieves, or it is followed by retching, gagging and waterbrash.

Continual mucous expectoration, or gagging and vomiting of mucus; great exhaustion after every coughing spell, blueness of skin, better from hard fan-

ning. Cough and vomiting after all symptoms of whooping cough are gone.

Pain in chest after cough; soreness and rawness; burning like glowing coals of fire.

It is the typical remedy with which to begin the treatment of whooping cough in an otherwise healthy person. Like Pulsatilla it is a good remedy in every case, acute, or chronic, with which to begin the treatment, especially when the symptoms as so often in this disease are objective. It will more frequently cover the totality of symptoms in sporadic whooping cough than Drosera or any other remedy and will frequently alone suffice to eradicate it.—H. C. Allen, M. D., in *The Medical Advance*.

The Sustaining Treatment of Typhoid Fever.

A. H. Buchanan, M. D., of the University of Virginia, contributes a paper to the *Medical News*, February 23, 1901, from which we quote as follows:

"The Input includes food, water, air and sunlight.

Food.—Milk and eggs constitute the mainstay for the typhoid fever patient. They are complete foods, containing in themselves all that is necessary to support the patient for an indefinite period. A patient will take the whites of six or eight eggs in milk in the twenty-four hours and during the same time he should not take less than one quart of milk. When the milk is not well borne by the stomach, we may give it by enema. First, gently wash out the rectum by throwing therein a warm normal salt-solution through a double current catheter. After this a rectal enema of cream, eggs, salt and water may be used. I have used the following formula for many years with great satisfaction: R. Well-beaten egg, one; beef peptonoids, one dram; cream, four drams; salt, five or ten grains; water sufficient to make two and a half

ounces. This enema should be gently thrown into the rectum as high up as possible. There is the greatest difference in the result when one is gentle and passes it in slowly and when it is carelessly done. One nurse will use the enema without trouble, and another, on the same case, will report that the patient cannot retain it. This nutrient enema given every four hours will in itself sustain a patient for a long time. Theoretically, we should use the foods that are digested in the stomach where there is no ulceration. Practically, we can use any fluid food that will not cause fermentation or irritate the gut.

A common error in the administration of milk is to allow the patient to drink it as he would water. A result of the injection of a large quantity of milk taken at one time is the formation of a clot so large that it cannot be readily acted upon by the intestinal juices. A large indigestible bolus is the result. A good way to prevent such an occurrence is to feed the patient a tablespoonful at a time rather than to allow him to drink from a vessel or through a tube. The amount of food and the intervals must be a matter of study in the individual case. The rule is to give as much food as the patient can digest. The danger of giving too much is greater, particularly at the end of the second week, than too little, but we must not forget that patients are sometimes starved to death. Professor Armour had a homely, but convincing, way of pointing out the danger of over-feeding. "If," he said, "the patient puts one egg into his stomach, and he can digest but one, he is better by one egg; but if he takes two eggs and can digest but one, neither is digested, and he has two rotten eggs in his stomach."

Water.—This is more important to the patient than food. He may get along with an insufficient amount of food, but he must have more water

than when in health. A gallon of water in twenty-four hours, when the fever is high, is not a large allowance. If the patient cannot take this by the mouth, we must give him normal salt solution by the rectum. I am not sure that the good results obtained by the baths are not due, to some extent to the amount of water absorbed. The amount of water taken by the patient should be measured, and if it is enough the hard, cracked tongue of the patient will rarely be seen.

Air.—This is the third substance mentioned under the heading input. Its importance has not been properly recognized. We know what it will do in tuberculosis and typhus fever, and I do not think any one will oppose the open-air treatment in these diseases. I would like to move all severe cases of typhoid into the open air, with only enough shelter to screen them from the direct rays of the sun, the dew and the severe winds. There is no danger of a patient with a high temperature taking cold. Of course, the body, under such circumstances, should be kept warm by hot-water bags and light, warm clothing. I am sure that such a plan, carried out with judgment, would lower the mortality a great deal.

Sunlight.—We do not know why sunlight is necessary to man, but its banishment from the sick chamber, without good reason, is, to say the least, depressing. In this disease we need all the cheer we can obtain.

The Saving of Waste.—We must save the patient all unnecessary wear and tear. We must give him as little work to do as possible; rest for the body and rest for the mind. We must keep him quiet, making him use the bedpan and teaching him to avoid all sudden and jerky movements of the body. It is not desirable for him to lie constantly on the back, and he must cautiously turn on his side from time to time with the aid of the nurse. It is usual to secure rest for the body, but

rest for the brain is often forgotten. In the condition known as *coma vigil*, the patient lies with eyes half open and muttering in a low voice. What is the brain doing during this time? If we may judge from incoherent mutterings, it is flying from subject to subject, and probably does an enormous amount of work in a short time. The patient is attempting to climb impossible heights and is falling into bottomless depths. Days and weeks are compressed into hours. It would take a pen more facile than that of Dickens to follow the mental wanderings of such a patient. The great writer attempted this in *Martin Chuzzlewit*, and, although he gives us a wonderful picture, it falls far short of reality.

The man who relies on the report of a nurse to find out how much the patient has slept will be often deceived. If the patient does not call for some service between the times for the administration of food or medicine, she doses uneasily in her chair and reports the next morning that the patient was quiet; and yet a short period of such quietness will wear the patient out. He is not sleeping. His brain, instead of getting rest, is in a state of activity, and unless the doctor or Nature changes the condition of affairs, the patient will die. We think much of the food the patient is taking; we think a great deal of the waste from high temperature; some of us are solicitous to give enough water, but how many men have the period of true sleep measured every twenty-four hours? Man bears the loss of food much better than the loss of sleep. I do not know of any attempt to find out how much rest is necessary.

This paper is a plea for the measurement of the period of true sleep in the twenty-four hours. If the patient will not sleep naturally, he must be made to sleep by artificial means. The bath will produce sleep, but it does not last long. It is valuable in initiating the effect of a hypnotic which would be ineffectual without its aid.

Aspidosperma. Quebracho—Asthma.

This remedy is found growing in many parts of South America, and is also known under the name of *Quebracho Blanco*. It belongs to the order of *Apocynums*. The bark is the part used, and is best made use of in the form of tincture. The remedy is of recent introduction, and is unknown to the large majority of practitioners. It has a very peculiar action, unlike any other remedy in the entire field of medicine. Its value is in the treatment of certain conditions of the respiratory organs. In cyanosis due to a change in the structure of the parts, and where there is a sense of suffocation; in capillary bronchitis, and in some few cases of pneumonia, its action is valuable. In the latter stages of consumption, where there is a demand for more oxygen, its action is very pronounced. In those cases the patient is much distressed, and is obliged to sit up in bed, the nose and lips become blue, the wings of the nose expand at every respiratory effort. In such cases a dose of the remedy will, in many instances, put the patient in a very comfortable condition, and its effects will continue for six to twenty-four hours, when another dose may be administered.

In cases of consumption we will not expect to cure the case with *Quebracho* (or, possibly, not prolong the patient's life to any great extent), but we will render the patient much more comfortable, and thereby let him down easy.

It is a remedy for asthma, but not for the spasmodic variety, but rather those cases where there is a change in the structure of the bronchial organs. Asthma, resulting from poor digestion and consequent irritation of the pulmonary branch of the *Pneumogastric* nerve, is more spasmodic in character, and may be cured with such remedies as *Ptelea*, *Trifoliata*, *Ipecac*, or any one of a dozen others.

Just in what manner Quebracho acts upon the system I am unable to state, yet I believe it in some way assists in the oxidation of the blood, as well as to stimulate the respiratory centers.

In organic diseases of the heart, where there is distressing dyspnea, you will be able to get some little benefit from the remedy, yet its action will not be as pronounced as in the pulmonary trouble.

I note a case that was reported by a Dr. Bland in the Therapeutic Gazette. He says: "A lady, blonde, about eighteen years of age; mother and sister had died from consumption. I do not think I ever saw such breathing; it was almost an asphyxia. I prescribed Quebracho in doses of twenty drops, to be repeated every two hours until relieved.

It was rarely necessary to repeat it. In fact, the first dose gave very prompt relief, and she would continue to breathe well for twenty-four hours, when it would be repeated. You will not find the remedy to act as well as this in all cases, yet it will do good and render the patient more comfortable. The dose will be from five to thirty drops."

The active principle of the drug, Aspidospermine, has now come into very general use, and its range of use is about the same as above indicated. It should be prescribed in the 3x trituration.

There are many preparations of the drug upon the market that are not good, and in case you do not get the benefit from it indicated, do not condemn it until you know that you have a good article.—Homeopathic News.

Colleges and Institutions.

Items of Interest for the Department Solicited from all Homeopathic Colleges and Institutions.

Commencement Detroit Homeopathic College.

The Annual Commencement of the Detroit Homeopathic College took place April 23, 1901, at Fellowcraft Hall. The Hall was well filled by an appreciative audience, who enjoyed every number on the program. The exercises were as follows:

Opening overture and chorus, Witmark. Rounds Ladies Orchestra. Introductory remarks, D. A. MacLachlan, M.D. Dean. Invocation, Rev. J. M. Barkley. Selection, Orchestra. Address, Ex-Gov. John T. Rich. Vocal selection, Mr. Fred Warington. Conferred degrees and awarding of prizes by the President, C. C. Miller, M.D. Vocal selection, Miss Lottie Baier. Faculty address, S. H. Knight, M.D. Vocal selection—"The Clang of the Hammer," Bonheur, Mr. E. C. Crane.

Valedictory address, Clarence H. Burton. Selection, Orchestra.

GRADUATES.

Clarence H. Burton, Harry Darwin Obert, Bruce Anderson, Frederick D. E. Stricker.

PRIZE WINNERS.

Prizes were awarded for the highest individual standing in class. Graduating class, Clarence H. Burton; junior class, \$30, C. B. Strain, Columbus Grove, Ohio. Sophomore class, \$20, F. A. Kelley, Coldwater, Mich.; freshmen class, \$10, N. H. Hilty, Bluffton, Ohio.

After the exercises a company of one hundred or more sat down to a banquet prepared by the steward of the Fellowcraft Club at which Prof. H. L. Obetz officiated as a genial and witty toastmaster. The responses were: The Ladies, Alfred Graham, A.M., M.D., LL.D. Solo—"May Morning,"—Denza Miss Lottie Baier. Legal medicine, Jo-

nathan Palmer, Jr. Solo—"Yeoman's Wedding Song,"—Poniatowski, Mr. E. C. Crane. Class of 1901, Bruce Anderson, M.D. Devotion, Rev. Jas. M. Barkley. Medley overture—"War Songs of the Boys in Blue,"—Larandeau, Rounds Ladies Orchestra. Senatorial Pills, ex-Gov. John T. Rich. March—"Colored Major,"—Henry, Rounds Ladies Orchestra.

A response not upon the program was given by Dr. S. F. Chase, of Caro, Mich., a graduate of the first class, 1872. The company broke up at mid-night after one of the most successful and enjoyable evening's.

Valedictory.

BY DR. C. H. BURTON.

In attempting to speak a valedictory for the class of 1901 I am conscious of the fact that there is no virtue you will appreciate so much on my part as brevity. However, I realize that this may be my last chance of addressing so many of the faculty, and I feel that, as a class, we should not throw away the opportunity thus afforded us, of shedding upon them some of the light which we, as brand new doctors, fresh from the oven of knowledge and possessed, as we are, of all that it is possible to learn of the science and art of our profession, can spare to them that unfortunately have had their knowledge blunted and affected by an actual contact with life and a practical experience in the practice of medicine.

We feel that we should make full use of the privilege of using some of the technical words, terms and phrases ately crowded into our heads, before we forever lose them again, as I fear most which have been perhaps indiscrimin- of us will in a very short time.

We will not, as you do, say a man is insane when he is insane. Oh, no. With us is will be mania or melancholia, de-

mentia or neurasthenia. If a man has chorea we will never cover it all with the vulgar name of St. Vitus dance, but will inform our patient at once whether his type of chorea is major, pandemic, convulsive, chronic or rhythmic, and expect him to govern himself accordingly. If he has fits, it must be grand mal or petit mal, and so on through all the various classifications of disease. We will not hesitate to give a positive diagnosis at our first visit; we will give a brand new and distinctly different diagnosis at each and every call, until the patient begins to recover. And why every one of the symptoms which must accompany each and every form of disease, and do we not know that we can easily recognize the typical picture laid down in our text-books? I must confess for myself that I have not as yet had time to properly arrange my con- not? Have we not at our fingers' ends tical index, and that if an X-ray were focused under my brain cells, devoted therein to medical knowledge, would be found in one magnificent jumble—so much so, in fact, that when I attempt to think of a relief for an ordinary cold or headache, my mind is much more liable to give me the treatment of actinomycosis, anthrax, glanders, tetanus or hydrophobia; but perhaps that is as it should be, for we do not propose to be bothered with the ordinary ailments of life.

We are so thoroughly conversant with the appearance and habits of the tinea trichophytina or the oxyluris vermicularis, that I know were I called to see a simple case of hives I would recognize at least twenty or thirty different forms of parasites before discovering what the trouble really was.

And as for bacteria, so great is our interest in the staphylococcus, pyogenes aures, streptococci, the diplococci, tetrads and sarcinae and all the bacilli and spirillae that I am afraid most of us in the treatment of diphtheria, phthy-

sis or any other microbic disease will pay more attention to the production of a pure culture than to the relief or cure of the patient.

But it is in physical diagnosis that brethren of experience. With the 24 we will most excel and outshine our different regions of the chest and all their contents, as taught by Dr. McLaren, clear and distinct in our minds, we will without trouble be able, by the intensity, pitch, quality, duration and rythm or percussion and auscultation, to recognize all of the different conditions which may or may not be possible in that part of the body. I honestly believe that I can tell the difference between a subcrepitant rale and a fire-cracker; but as for a vesiculo-tympanic resonance and all the rales and rhonci, sibilant and sonorous, bronchophony, pectoriloquy and the rest, I must confess that I must leave their discovery to some other member of my class, and may heaven protect the patient.

And so, gentlemen of the faculty, it is easy for you to see how we, as new doctors, feel to-night in possession of all our brand new and untarnished knowledge. But, seriously: It is perhaps appropriate that the first few moments of our lives as physicians should be given in part to the consideration of the honors which have been conferred upon us, and the stupendous responsibilities which have been placed upon our shoulders with the degree of doctor of medicine. To the consideration of our profession as we find it, of the evolution of the physician, his position in the social fabric of to-day and his reward.

I say the evolution of the physician because I believe there is no profession or scientific calling or pursuit in which the very fundamental work of its members, and their relation to society in general, is changing to so great and apparent degree as in that of the profession of medicine.

Only a few years ago, as history goes, the entire province of a physician was to cure the sick, alleviate pain and minister to suffering humanity only from its physical standpoint and by the administration of drugs and medicines. It is only a short time since even the leaders of our profession were wont to cover all of their actions with a cloak of mystery, and to inculcate in their patients a feeling akin to awe, which caused them to be regarded as men possessed of hidden and almost supernatural knowledge and power. Science was only a part of their calling, and art their strongest weapon. But such has been the evolution of the physician that to-day it is only among the lowest classes, and in the most ignorant communities that such a condition can be said to exist, or such practices be successful. The day of medicine and mystery is slowly but surely coming to an end. The leaders have already seen its sunset, and they who are looking in the right direction are even now enjoying the glorious sunrise of common sense, good advice and simple remedies.

The physician of yesterday treated the condition; the physician of to-day treats the cause. The physician of yesterday concerned himself with what he saw and found, and possibly the events immediately preceding. The physician of to-day must delve down deep into the very innermost recesses, not only of his patient's physical existence, but also of his moral life and habits. In searching for the cause, and with a view of benefiting by the aid of good advice and counsel, he must hold the very fullest confidence of his patient on every subject. Such, then, is the evolution of the physician.

I will not take time to speak of his increased responsibilities and duties, but what is his reward. Shall it be fortune and social position? Who among us all can point to a man who has won a fortune by his practice? Very few;

there may be an occasional one or two in a large city, but the greater majority of our profession lay down their lives with very little of this world's goods to leave behind them. Shall it be fame? No; very few hard-working doctors are ever heard of outside of their own districts. No; not fortune, nor fame. Far greater reward must wait the man who gives up his whole life to labor and sacrifice for humanity's sake; whose whole existence is one of work, work, work, in winter and in summer, by night and by day, in sunshine and in rain—ceaseless toil that others may not suffer.

Such a man must have reward always and continually to keep him up, and he gets it in the love and confidence of those for whom his life is given. And now for the class of 1901: Boys, it is all over with us, and the end has come at last. That time which we have so long looked forward to has come and will soon be over. We have heard our last lecture, we have answered our last quiz, we have written our last exam., and used our last ponies. Our college days, perhaps among the jolliest and happiest of our lives, are past and gone. The last wedge and prop has been drawn to-night, and we have slid into the stream of life, and now must weather the storm ourselves or sink out of sight.

I say we have passed our last exam.; aye; but only that which entitles us to enter the race and be weighed upon the scales.

As a class, we have had our faults, perhaps, more than our share. We do not claim any prizes on the score of good behavior, but 1901 is all right, and will take good care of herself. It is not the men who show up best in the class room that always find highest places in life. Don't fear for 1901; the very spirit that has made them hard to handle will make them self-reliant and hard to keep ahead of in life.

And I say to you, the pioneers of our

college, aye, and to you Knight and Caron, and all the bright lights that we are proud to point to as members of our faculty, look well to your laurels. Give us ten years to ripen and bloom, and you may hear our footsteps coming on at a pace that will keep some of you busy; 1901 is all right and will be heard from.

To you, gentlemen of the faculty, on behalf of the class of 1901, I can only say that your faces will ever remain fresh in our hearts. If we have at times been a source of trouble and worry to you, it has not been because we did not appreciate your efforts in our behalf, nor because of any lack of respect or regard on our part, simply the effervescence of a spirit which could not be controlled.

To you of 1902, and the other classes, we have only the warmest of feelings. May your senior year be as pleasant and profitable as ours has been. It will pass away all too soon, and when it is gone your chief regret will be, as ours is now, at not having made the most of your opportunities.

Fellows of 1901, we are finished. With the close of my remarks ends the last function of our class as a whole. The night is one of gladness and felicitation, but in it is this moment of sadness and regret. It is hard to say good-bye; but to-night we must part and may never meet again.

Good-bye—1901.

The twenty-ninth annual commencement exercises of the Pulte Medical College, held at the Scottish Rite Cathedral May 7, were attended by an audience that taxed the capacity of the hall. The opening address was made by Dr. J. D. Buck, dean of the school. After referring to the organization of the college, Dr. Buck said, among other things, "that the college represents an immense amount of work—work done gratuitously through all these years,

and often against great disadvantages. "Six hundred lectures a year would be a low average for the work done in the educational department of Pulte College. In the free dispensary an average of 7,000 cases have been treated, with medicines furnished gratuitously, thus affording relief to thousands of the city's poor, while thousands have been visited at their homes who were too sick to appear at the college clinics."

Following this came a selection entitled "An Evening Serenade," by a male quartet, and then Dr. H. E. Beebe, of Sidney, made the address of the evening. The subject of his remarks was "Liberty of Medical Opinion." He declared that the general profession is more optimistic in its views than ever before; that bigotry does not prevail along educational lines to the extent that it did in the past.

The valedictory address was made by Prof. S. R. Geiser, M. D., who said among other things: "A preliminary education, proper medical and clinical training, and, above all, experience, are essential to success in the medical profession. As to the profession of medicine being overcrowded, this is not so, if we remember that in the medical field men and women are wanted who are larger than their profession, men and women who care more for character than reputation, more for integrity than honor, more for manhood than money."

At the close of his remarks degrees were conferred upon the following graduates by President Thornton M. Hinkle, of the Board of Trustees; E. C. Barlow, Kentucky; Julia F. Fish, New York; Charles Geiser, Ohio; Marian E. K. Lee, Vey, Ohio; J. P. Throenle, Ohio.

At the Alumni Association banquet Dr. W. H. Hier, of Madisonville, acted as toastmaster. The following responses were made: Dr. Julia F. Fish, of Batavia, New York, "Class of 1901;" Dr. J. C. Thomasson, of Georgetown,

"The Practice;" Dr. Charles Hoyt, of Chillicothe, "The Alumna Association." More than ~~two~~ ~~hundred~~ were present at the banquet.

The California State Homeopathic Society will hold its session May 1, 2, 3, 1901, at Avalon, Santa Catalina Island.

Dr. George Christie McDermott, who for more than twenty years has been a prominent physician in Cincinnati, died May 8, at his home, Avondale. It was only after a long struggle that he succumbed to that dread malady, Bright's disease.

Dr. McDermott was a Canadian by birth, having been born near London, Ont., on July 29, 1848. He came to Ohio early in life and studied at the Cleveland Homeopathic College, graduating in 1868. He began the practice of medicine, making a specialty of the eye and ear, in Warren, Pa., where he married Miss Clara Waters on August 14, 1872. Later he took a course in the Ophthalmic College, New York. Graduating, he began a practice in Milwaukee. In 1880 he moved to Cincinnati. For fifteen years he filled the chair of ophthalmology in Pulte College. He had an enviable record in the fact that nine pupils receiving a thorough preparation under his guidance have been awarded gold medals for their proficiency at the Ophthalmic Institute, New York.

Dr. H. P. Mera, Jr., formerly house surgeon, Grace Hospital, has taken up a practice at Rochester, Mich.

Dr. H. Miller Robertson, professor of physiology, Detroit Homeopathic College, was called to California by the serious illness of his brother and is now located at Arlington, Riverside, Cal. A fine orange grove and an opportunity for a good practice persuaded Dr. Robertson to stay on the Pacific coast.

Dr. F. V. Horne, formerly lecturer in pathology, Detroit Homeopathic College, has returned to his old home in Huntington, Indiana.

The report of the Government Inspector of Charities, Melbourne, Australia, speaks for Homeopathy in terms that cause one to be amazed that any other treatment is accepted. Here is the record:

Melbourne Hospital, Allopathic: Death rate, 14.5.

Alfred Hospital, Allopathic: Death rate, 13.7.

Homeopathic Hospital: Death rate, 6.7.

It looks as though the terms "rational" and "scientific medicine" rightly belong to Homeopathy alone, that is, if the end of medicine is the healing of the sick.—Envoy.

BUSINESS DEPARTMENT.

Local Anesthesia in Hemorrhoidal Operations, and all Varieties of Minor Surgical Work.

BY O. W. GREEN, M. D., CHICAGO, ILL.

Published by The Medical Times and Register of Philadelphia, Pa., for February, 1901.

Since there are so many people suffering more or less with hemorrhoids, and since orificial operations along that line have been performed only under general anesthesia, we desire to call attention to the fact that we have formulated a method by which hemorrhoidal operations are painlessly performed without the aid of general anesthesia. The operations are rendered painless by using a local anesthetic.

Our method of operating on hemorrhoidal tumors is as follows: First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boracic acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject the tumor in sight with anesthetic until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bivalve speculum before, sometimes after injection, and sometimes not at all. It de-

pends upon the condition and location of the piles.

With hemorrhoidal forceps, or Pean's artery forceps, pick up each tumor at its center, and turn it out.

We generally use the clamp method when possible. Use Kelsey's or Pratt's clamp. After turning the tumors slightly with the forceps which were left hanging to them, each by turn is clamped at its base.

Then with a straight needle put in two or more stitches, as may be needed, back of clamp.

Remove clamp and cut tumor with straight scissors through the white line made by the middle blade of the clamp. There will be no hemorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozene and hot water, one part of the former to five of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozene is twofold: It is the safest and best germicide and hemostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As a dressing we have several times used nothing, simply cleansing with hot water and hydrozene.

An ideal dressing is ordinary sterilized gauze moistened with glycozone. Glycozone is anhydrous glycerine saturated with ozone, a powerful germicide and promoter of healthy granulation.

To prevent pain, usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass-pointed rod, dipped into 95 per cent carbolic acid.

Reduced Rates to St. Paul.

Any one of our readers interested in the St. Paul meeting of the American

Medical Association, will do well to write to Robert C. Jones, Passenger Agent, No. 32 Campus Martius, Detroit, Mich., who will send them reduced rates to and from the meeting, to be held June 4 to 7 inclusive.

The Chicago, Milwaukee & St. Paul Railway expects to give special accommodations to the physicians and their friends attending this meeting, and quick train service and special cars between Chicago and St. Paul. Hence, wherever you start from be sure your ticket reads via this railway. Dining cars, sleeping cars, free reclining chair cars, smoking cars and every other kind of cars that are conducive to comfort and pleasure, are a part of this road's daily service between Chicago and St. Paul; but the officers especially "harp on" their "Pioneer Limited" trains leaving either end of the route daily; the one from Chicago northward at 6:30 p. m., arriving at St. Paul at 8:30 a. m. They have two other trains daily each way between these two terminals, St. Paul and Chicago; but the "Pioneer Limited"—"bright-hued as the golden butterflies that flutter over the golden dandelions in early spring"—well, they are just poems in woodwork and dreams in comfort and pleasure. This thirteen hours of gorgeousness can be all yours, at a low rate, if you will only write to Mr. Jones (as above) to find out "how."

The Pan-American Exposition, May 1st to Nov. 1st, 1901, at Buffalo, N. Y., U. S. A., cannot be more safely and readily reached than by the Grand Trunk Ry. System. This is the most picturesque Pan-American route to Buffalo and all lovers of beautiful scen-

ery will be more than pleased with a trip over this road.

WANTED—A first-class location for a first-class homeopathic physician and surgeon. Would prefer to locate in Michigan. Willing to pay fair bonus. Address A, Medical Counselor, 1424 Majestic Bldg., Detroit, Mich.

When you have a patient that requires any orthopedic appliance of any kind or one that requires a truss, elastic stocking, supporter, or other appliance, send them to "Kuhlman's" where they will receive proper and careful attention and will not be overcharged. They have made a specialty of manufacturing and fitting trusses, deformity apparatus, etc., for 35 years and guarantee satisfaction. Their manufacture of elastic stockings have a patent side seam and are superior to others in that they have a seam which comes down the side instead of the back and prevents chafing at the heel. They are no higher in price than those with seam in back. They have a factory in connection with their establishment where they do manufacturing, repairing and plating of instruments on short notice. When in need of any instrument or appliance write A. Kuhlman & Co., 203 Jefferson ave., Detroit, Mich., for circular and price of any article you desire and they will be pleased to quote you prices that will interest you.

\$900 YEARLY to Christian man or woman to look after our growing business in this and adjoining Counties. to act as Manager and Correspondent; work can be done at your home. Enclose self-addressed, stamped envelope for particulars to J. A. KNIGHT, General Manager. Corcoran Building, opposite United States Treasury, Washington, D. C.



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The Medical Counselor.

LITHOPEDION.

Read before the Ohio State Society By P. B. ROPER, M. D., Prof. Gynecology, Cleveland Homeopathic Medical College.

Owing to the rarity of this condition but few cases, at best, come under the personal observation of a physician, and especially one engaged in private practice, hence your speaker lays no claim to originality, and in offering this paper to you has endeavored to present the status of the subject in the light of our knowledge to-day as compiled from the latest issues, and a report of one case occurring recently in his own practice.

By the term Lithopedion is meant a child that has turned to stone—a stone child. In a narrower sense this term is used to describe fetal elements which have become infiltrated with lime salts. Until very recently dictionaries and literature were remarkably silent upon the subject of ectopic pregnancy from which most, if not all, lithopedia originate.

Lithopedion formation, like appendicitis, is a condition that practically has always existed, but of which little was known until the advent of antiseptic abdominal surgery, because of lack of opportunity for observation along those lines. This condition has undoubtedly existed much more frequently than was supposed, or than we even now suspect, many cases holding forth in the maternal organism and not diagnosed. The frequency with which abdominal sections are now made all over the world brings to light and explains abnormal conditions that were previously enigmatical.

To the ancients, through their ignorance of embryonic conditions and of

utero-gestation, extra-uterine gestation was an enigma beyond the power of solution, and even so recent an accoucheur as Mauriceau refused to admit the possibility of it. As the process by which impregnation of the ovum occurs within the Fallopian tube, and its rapid investment with the amnion and chorion became understood, the possibility of the lodgment and fixation of an impregnated ovule upon the lining membrane of the tube, peritoneum or contained viscera, or within the ovary itself, became recognized and appreciated. The knowledge was but the necessary outcome of progressive research along physiological lines.

In olden times instances of such pregnancies were recorded but not explained. A few writers, among whom were Bandelocque, Capuron, Gardier, Velpeau and others, advanced beyond the times, or at least above the level of their contemporaries, and wrote with intelligence upon the subject. From the time of Coste, Negrier and Roci-brosky the true physiology of ovulation, menstruation and the process of embryology became comprehensible, and from that time much light has been cast upon the hitherto mystical and uncomprehensible theme.

It is said that Albucasis, in the middle of the 11th century, described the first case of ectopic pregnancy, and that since that time diagnoses of this condition were extremely rare until within the last twenty years, when the advances made in abdominal surgery have rendered it possible to investigate

abnormal conditions within the abdominal and pelvic cavities, and to clear up mysteries heretofore unexplainable. In 1582 a case is reported of a "child taken from a woman of Sens, and which had been carried by its mother for twenty-eight years." Nebel found a child petrified after having been carried for fifty-five years, and Majon found a fetus of three months development which had undergone calcareous alterations, in a woman who died when 78 years of age. Before antiseptic surgery was in vogue such cases died, cause unknown, or from internal hemorrhage, shock, etc.; or suppuration occurred and drainage was established through the rectum, bladder, vagina or abdominal wall; or absorption of the debris led to convalescence.

Necessarily, in order that a lithopedion may exist we presuppose a condition of ectopic pregnancy, and the cause of the latter, stated briefly, is the growth of an impregnated ovum at some point outside of the uterus, due to some obstruction to its passage into that organ. A deposit of calcareous salts is of course necessary in order that a lithopedion may form.

According to Ziegler, "Death of the fetus in an advanced stage of development results, if it be not expelled, in a lithopedion. If at so advanced a stage that it cannot be absorbed, it stays for years, sometimes the form retained, shrouded in connective tissue, fetus partially converted into a fluid mass, containing osseous remains and fat, cholesterin and pigment enclosed in a fibrous capsule. We usually find lime salts in the capsule and in the fetal elements that remain. Kuchenmeister divided lithopodia into three forms: (1) mummified, easily removed from calcified membrane, lithocelyphos; (2) fetus adherent to membrane in points, these points calcify and the remainder mummifies, lithocelphopedion; and (3)

membrane ruptures, fetus free in the abdominal cavity encrusted with lime salts, lithopedion in a narrower sense.

Webster holds that the ovum can be grafted only upon tissues that correspond to genetic influence, that the Graffian follicles cannot undergo genetic reaction.

Van Tussenbrock, in a specimen removed and demonstrated by Konwer in 1893, "Pregnancy in Graffian Follicle," concluded as follows:

1. Ovarion pregnancy is a fact;
2. Ovarion pregnancy signified pregnancy in a Graffian Follicle;
3. Follicular wall does not show transformation into decidual tissue. Webster's decidual reaction is not *sine qua non* for implantation of ovum; and,
4. That syncytium has no connection with uterine epithelium, but is a derivative from the fetal epiblast.

In this case a fetus 12 m. m. in length, surrounded by amnion and chorion lay within the ovisac.

"The pregnancy may advance to the end of the ninth month, and in the advent of labor, nature makes a persistent effort to expel the child, but, there being no way of exit, fails, and the child with its membrane remains, and becoming encysted is retained in its nidus for years, creating no disturbance by its presence," or "The liquor amnii being absorbed the fetal bones become closely hugged by the walls of the cavity which contains them, and acts as an irritant, which sets up pus formation, and in this manner leads to hectic fever from absorption of septic matter." "Should delivery at full term not be accomplished, a lithopedion, or petrified infant, may result and be retained for many years; suppurative action may occur in the fetal envelopes and laparotomy be subsequently resorted to as a secondary operation; or, the amniotic fluid being absorbed, the bones of the child may remain

clasped by the fetal envelopes and produce dangerous inflammation and ulceration."

A lithopedion may form and remain in the pelvic cavity for years, sometimes causing no trouble. Conditions are found at operations or autopsies, showing ectopic pregnancy elements, with no record of a period missed nor symptoms of pregnancy having been presented.

You usually have the early symptoms of pregnancy, followed by pain on one side, severe at times; irregularity of menstrual flow, and, prior to rupture, a tumor is apparent on one side of the uterus. Following rupture symptoms develop of profound constitutional disturbance, such as shock, evidence of internal hemorrhage, etc. All are agreed that in every case there is some departure from the normal menstruation. Usually the patient has gone over her monthly period, for a longer or shorter time, and it may only be a few days or a few weeks; occasionally no period has been skipped, but there has been some change in the character of the last menstruation—usually a lessening in amount. Then perhaps the next symptom that surprises the patient is the severe sharp pain on one side of the abdomen, as before mentioned; loss of consciousness may follow; cold perspiration; not infrequently vomiting; pulse rapid and temperature abnormal. This is usually followed by menorrhagia which continues for some time and due to the separation of the uterine decidua: you may then have symptoms of pelvic peritonitis. Following this attack the patient may be up and around, to be soon taken down again by another and similar attack. To recapitulate, then, we have: (1) Amenorrhœa; (2) symptoms of early pregnancy; (3) sudden sharp pain with syncope; (4) metrorrhagia and often a history of previous

sterility covering an extended period. If the pregnancy goes to term symptoms follow of compression of rectum and bladder, intestinal colic, recurring appendicitis, etc.

There are two rules which should invariably be kept in mind: (1) Whenever a pregnant woman presents herself with a mass at the side or behind the uterus, always think of the possibility of an ectopic pregnancy; and (2) whenever any irregular symptoms of pregnancy occur the menstrual history should always be carefully inquired into, noting any change in its character, the duration and relative amounts during each of the months open to suspicion. Another factor is the expulsion of the uterine decidua; while the ovum is developing in the tube, or wherever it may have become attached, there is forming in the uterus a decidua resembling that of normal pregnancy, but differing from it in having a smooth inner surface, no decidua reflexa or serotina, and no evidence of chorionic villa, which points serve to differentiate it from other conditions.

It may become necessary to differentiate between the decidual discharge of ectopic pregnancy and one of membranous dysmenorrhœa. The points to be considered here would be the recurrence and character of the discharge in the latter condition at the time of the menstrual period and the absence of any signs of pregnancy. The history of the case is always of the utmost importance and serves to differentiate between a tube filled with pus or serum—thus causing a tumor on either side of the uterus—and ectopic pregnancy; the former condition, of course, gives no signs of pregnancy. The other symptoms of these two conditions prior to rupture often resemble each other, and subsequent to rupture both may cause shock, peritonitis, etc. The temperature, however, after rupture differs,

being subnormal in the case of ruptured ectopic pregnancy cyst, and rapidly rising following a ruptured pyosalpinx.

The prognosis is always to be guarded and is usually grave; in the majority of cases fatal as to life of fetus, and often of mother, although some cases are on record where both have been saved. Of Hecker's 132 cases of abdominal pregnancies, 76 terminated in recovery, as follows: 28 cases, the fetus was expelled per anum; 17 cases, terminated in lithopedion formation; 15 cases, expelled through abdominal wall; 11 cases of laparotomy; 3 cases, per vaginal section, and 2 cases, from undefined causes. Cases are found, however, as previously mentioned, where the existence of an ectopic pregnancy was not known until a subsequent operation brought to light a lithopedion, as in the case occurring in my own practice.

As a lithopedion is one of the terminations of ectopic pregnancy, of slow development, and necessarily having existed for some time within the pelvic or abdominal cavities, the treatment would be that of any foreign body within those cavities.

Lawson Tait performed his first successful operation in a case of ruptured ectopic pregnancy March 3rd, 1883. The first case of unruptured ectopic pregnancy, diagnosed and operated upon in America, was in Kensington, Philadelphia, by Howard Kelly, who operated March 20th, 1886, and reported in the Transactions of the Obstetrical and Gynecological Society of Baltimore, January 11th and February 14th, 1890.

The treatment of extra-uterine gestation should be immediate operation as soon as diagnosed; in cases left without operation all children and 76 per cent of the mothers die. Kelly states that by early operation the mortality

should not be over 6 or 8 per cent.

If the child is viable operation should be performed at once; if nearly so, operation delayed until child is viable. Operations in these advanced cases are hazardous to mother, as the placental circulation is active and vascular adhesions numerous.

Danger lies in hemorrhage at the time of operation and sepsis, in cases where placenta and membranes cannot be removed. If the child has just died it is thought best to wait awhile for placental circulation to cease before operation.

In advanced cases Whitney urges us to wait for the death of the child, and cessation of the placental circulation before operating. Bandl quotes 37 cases in which operation was done during life of child, with 31 deaths. In cases undertaken after death of fetus for nine weeks, there has been severe hemorrhage from the placental site. Leitzman quotes 10 cases of operations performed in from 8 days to 5 weeks after false labor, and of these 8 died.

In 23 cases operated on in from 6 weeks to 1 year, 6 died. The rule is therefore laid down that the operation should be done if the patient comes under observation at any time between 24 weeks and 2 years after death of fetus. After that time there is but little danger to the mother, the fetus generally becoming calcified. Operative procedure should not be indulged in unless other conditions render it necessary.

The case that I have to present to you at this time was brought to me for examination during March last, and entered the Huron Street Hospital March 27th, the operation being done on the day following. The history of the case as given me, in the patient's own words, is as follows:

"Mrs. F. S. Age 30. Began to menstruate at age of 12; married at 18.

Always regular in courses and generally well with the exception of present trouble in pelvis. Has given birth to six children, one a miscarriage at four months; two others have died; three living children, the youngest being four months old at the present time. Milk dries up at about the third month of lactation. Lacerated at first confinement. Has had sense of weight and falling and a good deal of pain in pelvis for seven years. Eight years ago had ulcerated cervix, was sent to hospital and was treated; at that time her physician suspected a pregnancy, and the uterus had increased in size considerably. Began to flow profusely one day and something burst or gave way. The physician curetted and brought away a mass of spongy material and about a wash basin full of pus and thready matter. After this treatment got on nicely. Had skipped her periods for three months previous to this attack. After curetting had no further pain on the side in question. Some time after that had severe pain in the abdomen every time she took a deep breath; seemed

to be in the middle of the abdomen; pain like a needle sticking into her. Has had pain in right ovarian region since last child was born. Had to stand with limbs crossed to prevent prolapsus of organs; they often protruded."

Upon thorough examination under anesthesia I found a badly damaged cervix, a cystocele as large as an orange, relaxed pelvic floor, uterus retro-flexed and crowded down into the left side of the pelvis. These conditions were remedied, and when about to perform ventral fixation I found a mass of bones on the right side of the uterus, held down by adhesions, with the ends of the bones projecting into the free peritoneal cavity. One small calcareous mass, which seemed to be the head of the fetus, was floating in the peritoneal cavity, held to the side of the uterus by a band of adhesions. The broad ligament seemed to be partially absorbed. The adhesions were broken up, the uterus fixed in front, wound closed in the usual manner, and patient's recovery complete.

THE RELATION OF SPECIAL EDUCATION TO SANITATION.

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Read before the Indiana Institute of Homeopathy.

The magnitude of this subject suggests an impropriety in attempting to dispose of it in a few brief aphorisms—yet we must yield to the demand of time limit.

As fire, water, air in motion and electricity are remorseless masters when unchained, but dutiful servants when under control, so public opinion impelled by ignorance runs riot, evidenced by mobs and incendiary revolutions. When governed by enlightened ideas and flowing in the channels of knowledge, this same public sentiment acts as an archimedean lever, raising mankind from a lower to a higher level. As applied to sanitary affairs, education in this line is the foundation of all

progress; in its absence quarantine has often to be maintained at the muzzle of a gun. While among the intelligent, we expect the most hearty co-operation, lessening our labors and resulting in desirable accomplishment. History is replete with illustrations of the truth of this statement. India and sections of our own country afford striking examples of sanitary hindrances. Public health association, state conventions, associations of local boards of health, formation of sanitary societies in town and city, and the voice of the press, all combine to scatter the seeds of sanitary knowledge, and the harvest is sure. A harvest that will result in the prolonging of human life, in the lessening of

human suffering, and in the unfolding of ten thousand human possibilities that are annually chilled in infant graves. Education is to sanitation what the sun is to the earth. It dispels the darkness and warms sanitary impulses into life. It provides the forces which result in growth, development and fruition. In a word, the shortest road to ideal sanitation consists in the dissemination of sanitary knowledge among the masses. To-day the watchword of the sanitarian is, come on; and he is found far in advance of his column. Special education will diminish the distance between the scientific sanitarian and the general public.

The demand of the time is, that skilled sanitarians should become more skillful and the partially informed public possess more information.

An attempt at ideal sanitation should not be content with simply preserving an arbitrary standard of public health, but should seek to elevate the standard and improve upon present attainments. Whatever results in lessening avoidable disease, discomfort and premature death, should be sought with untiring zeal. As the relation between many vices and crimes are directly traceable to sanitary environment and are reciprocal, the cure may as frequently be found in prevention as in penitentiary. In pure air, water and food, as in preaching, prayer and penance.

Ideal sanitation involves the thought of doing the best sanitary work, not in the presence of epidemics, but in their absence. The best test of the value of our labor is not to overcome a giant when in conflict, but to strangle it in its infancy. The highest tension in nature is manifest during the calm summer's day in maintaining the elements in equipoise, and not during the mad rush of the tornado or the devastating earthquake. So the purest type of san-

itation is ever to maintain a high standard of public health and not be compelled to exhibit spasmodic outbursts of sanitary zeal.

States as well as individuals have their constitutional tendencies and local ailments. Ideal sanitation will not propose a formula warranted to prevent alike the diseases of Montana and Louisiana, of Maine and Mexico, of Canada and the tropics. Generalities have their spheres. Differentiation an especial value.

To discover, if possible, the cause of disease and avert it is one function of sanitary science. To render the individual more immune is another of greater importance. Combine these efforts, and we approach ideal sanitation.

The birth-place of sanitary discovery is the laboratory. Its sphere of usefulness is in its application. A congenial marriage of sanitary discovery and application results in an offspring of healthy homes for healthy people.

Under the guise of a religious obligation, Moses, the first sanitarian of which we have record, evolved a plan for the betterment of man, and all along the ages, now disappearing, now visible, the advance has been continuous. Arriving at the threshold of the twentieth century, we find ourselves better equipped for the conflict with devastating disease. Our armament is more complete. The eye of the microscope more penetrating, the outline of the radiograph more distinct, the analyses of the spectroscope more subtle and convincing. Biology, chemistry and kindred sciences are alert for new conquests, and if the future is to be a reflex of the past, sanitation will advance with the stride of a conquering hero, avoidable disease will seek a hiding place and the educational accomplishments of the present century will cast former achievements into eclipse.

PHYSIOLOGICAL FACTS AND FANCIES.

R. B. CARTER, M. D., Akron, O.

Read before the Ohio State Society.

Man is the highest and most complete product in the realm of creation, yet the grandeur of man's nature and the possibilities in its development cause all outward distinctions to sink into utter insignificance when compared with inward manifestations.

Howell says: "When Adam was called into existence the angels must have beheld him with delighted surprise," and Ellis remarks that: "The true man is one who is God's servant, the world's master and his own man." While matchless Shakespeare sums it all up in these words: "Who dares do all that may become a man, and dares no more, he is a man indeed."

Sacred history informs us that Adam lived 930 years, and that his nine immediate mentioned descendants unto Noah lived 912, 905, 910, 895, 962, 365, 969, 777 and 950 years respectively.

Incidentally we note that the one who apparently died prematurely at the age of 365 ought to be left out of our calculation entirely, for his name was Enoch and he did not die at all, God took him or he might have been living yet. The average age of the nine who did die was 912 years.

A few hundred years later Abraham, Isaac and Jacob died at the age of 175, 180 and 147 years respectively, or an average of 167. It is lucky for us that this ratio of decrease has not been kept up to the present time, or the chances are that we never would have been born at all. It is evident that thus early in time the promised "ague" and "consumption" was in evidence, and for aught we know the deadly microbe had commenced to get in its work.

In the animal kingdom the span of life is on the average from five to six times the period of growth or maturity.

This period is in man about twenty years, and hence, according to physiological law a man should live to be from 100 to 120, which is in entire accord with divine law, as evidenced in the words, "His days shall be an hundred and twenty years."

Therefore statistics show that man seldom reaches his original expectancy, and the reason is quite obvious; he is usually irregular in his habits and often intemperate in his actions; work and worry drive alternate nails in his coffin; he lives fast, in fact, burns the candle at both ends during life, and it may be to typify this that our Catholic friends burn it at both ends after he dies.

The cutaneous surface of an average sized man is about 16 square feet, and the skin is from 1-100 to 1-10 of an inch in thickness in different parts of the body. Aside from protecting the underlying tissues the main office of the skin is to prevent undue elevation of the heat of the body, and this is effected by increasing the cutaneous transpirations.

Under the influence of violent and prolonged exercise or a steam bath at a temperature of from 110° to 120° Fahrenheit, it is not unusual for the body to sustain in one hour a loss of from two to four pounds in weight, although this is about the average loss in twenty-four hours under ordinary circumstances.

Experience has shown that the human body will tolerate with more or less impunity the application of dry heat to an extent of from 200° to 400°, which temperature considerably exceeds that of boiling water.

It is a curious fact, moreover, that after the application to the body of an intense dry heat, as in the Turkish, or

heated vapor, as in the Russian bath, when the temperature is somewhat elevated and the body covered with perspiration, it is not injurious but is decidedly agreeable to take a cold plunge, which serves to almost immediately check all perspiratory action.

If, however, the system has become heated from exhausting and long continued exertion, and the same experiment is attempted, it is almost certain to result in the contracting of a severe cold, followed by localized or general inflammation.

The difference in effect seems to lie in the fact that in the first instance there is little or no modification of nutrition and the influence which tends to the elevation of temperature is external; while in the latter case the nutritive processes are disturbed and the influence is external.

If the entire cutaneous surface be covered with an impermeable coating the temperature of the body is depressed and death ensues in a short time, when it has been reduced to about 70° Fahrenheit. In severe cases of burning or scalding death generally results if more than one-half of the cutaneous surface is impliated, and usually within a few hours.

Water is the universal vehicle for the removal of bodily impurities and bathing is one of the greatest adjuncts, not only for the curing of disease, but also for the prevention of it, by promoting the activity of the skin. No disinfection can take the place of cleanliness.

Our modern athletes consider it absolutely necessary to submit themselves to elaborate and frequent applications of water in order to get their systems into a condition of perfect health, so that they may the better resist the strain of competition. If the skin is not in a normal condition an additional and unnecessary burden is placed on the lungs, kidneys and bowels.

As a general rule a bath, to be thoroughly efficient, should impart a pinkish color and a sensation of warmth to the skin, followed by pleasurable sensations of exhilaration and buoyancy of spirits, elasticity and tranquility of the nerves, and increased intellectual activity.

With the aid of the microscope hairs varying in size and development may be found on almost any portion of the cutaneous surface, except the inner surface of the hands and the under surface of the feet. They are usually placed obliquely in the skin and their general direction or trend is the same ordinarily in similar locations with different individuals. Those upon the head and face serve as protection from extremes of heat and cold; the eyebrows to keep the perspiration from the lids; the eyelashes protect the conjunctiva from dust and other foreign matters, while the short, stiff hairs at the entrance to the nose and ears serve a similar purpose in their respective positions.

Wilson estimates that the average square inch of scalp contains about 1,000 hairs, and the entire head about 120,000. Normally they contain from 20 to 33 per cent of elasticity, and under the influence of friction, especially in cold weather, they are capable of manifesting the presence of considerable negative electricity. Straight hairs are usually quite round, while curled hairs are flattened more or less. While it has long been accepted as a fact that hair may blanch or turn white within a few hours, this has always been found in connection with strong mental emotion, usually intense grief or terror; and physiologists have not as yet been able to fully and satisfactorily explain the phenomena.

Ordinarily the color of the hair depends on the tint and quantity of the pigmentary deposit, and in old age the

hair becomes gray or white from a blanching of the cortex and medulla. In cases of sudden blanching the microscope reveals no change in the pigmentary deposit, but the presence of an unusual number of air globules, and it is thought that the presence of this air accounts for the phenomena. The how and the why are entirely theoretical.

The process of molecular change is a necessary and inevitable condition of life. This activity may be increased or retarded, but while life lasts it can never be completely suspended.

Every portion of the human organism is continually undergoing physiological decay and subsequent repairment. The broken-down and effete material is collected together and conveyed to the proper organs for eliminating and conveying it out of the system. In turn the necessary nutritive products are assembled and carried to the parts for their regeneration and growth.

This is accomplished mainly by the blood, which is recognized as the most abundant and highly organized fluids of the body. It is estimated that on the average the blood is in weight about one-eighth of the whole individual, and the complete circuit of the circulation is effected in from 45 to 60 seconds.

About 350 years ago it was thought that the secret of perpetual youth had been solved by the introduction of young blood into the veins of elderly persons by transfusion.

It was also proposed to cure certain diseases by the same means, but the cases which were benefited usually showed only temporary improvement, while in others the results were so disastrous that the treatment fell into disuse in some localities, while in others it was forbidden by law.

While transfusion is occasionally resorted to, the injection of the saline solution, mainly for the purpose of increasing the volume, is much preferred. Whenever the blood becomes deficient in nutritive material under normal conditions the sensation of want or hun-

ger is excited, and the introduction of new material from outside the system, in the shape of food, occurs, and thus the phenomena of life continues.

Scientists once declared that, as our analysis of blood showed it to contain all the nutritive material necessary to the support of the body, it was the life, and any abnormal or diseased condition was due either to an excess or a deficiency of some of these constituents; therefore, a frequent analysis of the blood, together with a thorough and complete analysis of all food products would serve to enable them to so control this condition as to render it possible to preserve life indefinitely; but death came sooner or later to those scientists, just as it had come to their predecessors, and will come to all of us.

If we attempt to investigate the science of life from its commencement in the fecundating ovum, it seems to be simply a principle possessing the wonderful property of appropriating matter from without and unfolding, until the germ becomes a complete organism with highly developed parts, many of which are not necessary to its continued existence.

That this vital physiological principle has a limited term of existence is indicated by the fact that during a portion of this existence it is provided with generative elements capable of perpetuating its life, likeness and individual characteristics.

The consideration of life in connection with its various manifestations and multitudinous relations to the human organism is commensurate with the question of soul and its relation to the infinite.

“Well, well, the world must turn upon
its axis,
And all mankind turn with it, heads or
tails,
And live and die, make love, and pay
our taxes,
And, as the veering wind shifts, shift
our sails;
The king commands us, and the doctor
quacks us,
The priest instructs us, and so our life
exhales—
A little breath, love, wine, ambition,
fame,
Fighting, devotion, dust—perhaps a
name.”

NATURAL EXCITING CAUSES OF DISEASE—LOCAL IRRITATION AS A CAUSE OF TUBERCULOSIS.

By E. H. MATHER, M. D., Birmingham, Mich.

It has been often said that the human body is no more susceptible to the inclemencies of surrounding agents than that of any other animal.

Now this is very true, to some extent, for in many conditions, under certain circumstances, man has wearied out domestic animals in travel and labor; showing his superior physical organization as truly as the mental and intellectual; nevertheless, with all his superior structure and mental endowment, he is of course declivitating below the beast creation in wanton neglect of self-preservation, caution and care of his constitution. He is of course day by day writing out his own sentence of disease and death; still priding himself upon his "free moral agency," which might more properly be called suicidal lunacy, from the self-delegated power he inspires from it, namely, to set at naught all laws pertaining to health and longevity; knowing from bitter experience there are aerial poisons, as carbonic acid gas, carbonated hydrogen, carbonic oxide, sulphureted hydrogen and miasmata or malaria, with very many other poison vapors rising from cesspools, closets and marshes, and from various places containing decomposing vegetable matter, carrying disease and death under their wings, that a very little caution will enable him to avoid or fortify his system against their inclement action.

Now it is a well known fact that carbonic acid is generated by the decomposition of organic bodies, fermentation and animal waste, and of course that its affinity for oxygen is such that it will pass through any membrane or tissue in

this body of animals to unite with it and by this union a third compound is produced, most destructive to animal life. Still it is the health, growth and development of vegetable life. And this compound is known as carbonic acid gas; and it is produced in the lungs by respiration and combustion, adding to the caloric force of the circulation, and becomes most destructive to the life and assimilating properties of the blood.

Now in fevers and inflammation we have a temperature rising from this destructive element that feeds upon the life-nourishing properties of the blood and destroys its vitality, and dissolution follows as a natural consequence.

Now let us take the atmosphere we breathe. It contains 78 per cent. of nitrogen and 20 of oxygen, and a little ozone, or a combination of carbonic acid gas, hydrogen, and, of course, a few other mineral elements.

Now when the vegetable growth takes up this carbonic acid gas, the air is rendered "more pure," as we term it, life-invigorating and health-inspiring; as we thereby inhale sufficient oxygen to burn up the carbonic acid in the blood while passing through the lungs, properly aerializing the same to replenish waste tissue by new material of life-giving principles of matter.

Now the nitrogen of the air fills a very important office in the economy of nature. It expands the air cells so that the capillary blood vessels may be straightened for freer circulation, and distending the tissue of their walls for the better transit of oxygen and carbonic acid, thus to increase aerialization and impart new life and vigor to the circulation. And yet it will be found that either of these simple elements, so very essential to life, are very destructive,

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when inhaled in undue quantities. Thus we see if any noxious gases be mingled with the air we breathe, it becomes a source of disease, as pure carbonic acid produces death by paralyzing the glottis and epiglottis.

Now too much oxygen produces acceleration of the pulse and death from over-stimulation; and it will be found that some authors attribute the cause of fever to an excess of oxygen in the system, stimulating the vital forces to a degree that destroys the tonicity of the nerves, as well as the various tissues by an increase of temperature; for the temperature of the body when above 106 degrees Fah. tends rapidly to dissolution.

Now of course our experience teaches that instead of excess of oxygen in the system, that it is an excess of carbonic acid, which is generated in the system by waste of disease, digestion and natural laws, creating a demand for oxygen which burns up carbonic acid and increases the temperature of the body from combustion, as we see in fever from cold—the pores of the cuticle are closed and the two thousand channels on every square inch of surface that are designed as outlets of this, with other poisoning waste, is retained and driven inward to prey upon and destroy the vital force, producing a disease of a virulent or milder type, according to the amount of injury sustained from its inclement action.

Now this poison is opposed to electricity and dwells in low places from its gravity, being so much heavier than common air that it can be turned from one vessel to another in the common air. Hence we find it in cisterns and old wells, deep pits, deep old cellars, etc., and known by coal miners as fire damp, being an extinguisher of flame, not containing any oxygen or life-supporting elements.

The advantage of this fact led to the fire extinguishers, so much in use. The

sewers and old wells are tested before entering by a lighted taper being let down into them; if they continue to burn life will be supported, otherwise it is dangerous to enter them.

Now there are other poisons, as koinè, miasmata or paludal poison, which may become exciting causes of disease. They are generated freely where water, with decomposing vegetable matter, is subject to a temperature of from 58 to 90 degrees Fahrenheit.

Now these agents enter and affect the blood, through respiration, cutaneous absorption and the stomach, and thus the system becomes imbued with a poison that is one of the most exciting causes of disease.

Of course people living in such localities should avoid the night air, unless clothed with winter apparel, to protect them from its disease-permeating vapor; and they should sleep in the upper story of their dwelling and thus avoid the unpleasant contamination of the loaded atmosphere.

Now there are, perhaps, few people who do not worry and waste one-half or more of their lives away through envy and jealousy, or brooding over their imaginary ill-luck, fret and rume over their remiss action and thoughtless neglect, believing that some person has been the agent of all their reverses or sickness and adversity.

Now let us reason from cause to effect, and just see what leads to all this controversy and distrust. First, covetousness, recklessness, indolence, and all debasing habits, followed with their promptings, producing discontentment; and a restless habit that diseases the mind, from which follows diseased nerves affecting the stomach, liver and circulation; fear, anxiety, care and dependency, all have a desponding and diseasing tendency, as much as exposure to inclemency of surrounding agents; idio miasmata or noxious animal effluvia, which result from decomposition

of excretions and exhalations from the bodies of persons confined in close apartments, dirty and crowded, and where urine, sweat and various other filthy accumulations are allowed to remain are exciting causes of disease, especially typhoid fever, it becoming most prevalent in cold weather when ventilation is, of course, mostly neglected from dread of cold. Our houses are not all properly ventilated at the best of times; they are too crowded together.

Now it is generally believed that this effluvia, as well as in decaying vegetable matter, which, combined with chloride of sodium, of corpuscles which sulphate of magnesia and lime are essential bodies, and combined with carbonic acid and water, the sulphur is set free, and uniting with hydrogen which has parted with the oxygen in the water which is united with carbonic acid and set free in carbonic acid gas that escapes from the lungs; the sulphuretted hydrogen is formed in the blood during aeration in the lungs, while portions of this effluvia are taken up by absorption through the skin and stomach, and the result is decomposition of blood corpuscles, prostration of the nervous system and dissolution.

The fact is we live in an age where people think of nothing only fashionable display, and are better satisfied in this shadow of darkness because it requires no effort, no outlay—no time to learn aught but stern, compulsory, necessitated duty; that tells us to let others push ahead the car of progressive enterprise; and our children are of course permitted to journey on to manhood without the least knowledge of their physical organization or mental capacity—no aim, or object in life—without an object in view for which they were created, but to be continued in the same routine of duty, marked out, perchance, upon their rugged pathway of life without a cheering ray of hope or meridian sunbeam or knowl-

edge concerning the constituent elements of their body, and relations of mind and matter, volition, motive powers, duties and obligations to ourselves and fellow-beings, and our Creator.

Now every child should be taught the laws of health, how to guard his system against the inclemencies of surrounding agents, and how to feed the mind as well as the body.

If the body be unhealthy, the mind and intellect become impaired. A strong and healthy nerve containing full vital force indicates action and vigorous physical as well as mental organization. We should learn to shun too high as well as too low a state of electricity as sold, damp rooms; we should avoid the latter, as our bodies give off to surrounding elements to produce an equilibrium, and our bodies are robbed of a larger portion of electricity, weakening the nerve power, and thereby affecting the circulation, so that the blood loses the nutrient power that keeps up a healthy organization, and disease is thus generated, to be followed by a primitive dissolution.

Then we should commune with ourselves and our physician (if worthy). Make him a preceptor in the path of health and duty, and employ him according to his merit, and make him a teacher to guide and direct our children and ourselves on the proper way to longevity by a strict observance of the laws of our being and show us the dangers of our surroundings and the lurking adversaries upon our footsteps, ready to precipitate us into the seething caldron of loathsome disease, to be tortured and cremated before we cease to breathe.

Classes should be taught in every school by male and female physicians on all subjects regarding their health.

All schools should contain cards showing the young, sanitary rules.

We will take "Local Irritation as a Cause of Tuberculosis."

Now the average duration of life among dry-grinders of forks is twenty-nine years; of razor grinders, thirty-one years; edge-tool grinders, thirty-two years; and the saw and the sickle grinders thirty-eight years.

The cause of this excessive mortality is apparent. Now take every hundred sick among the needle-makers, and seventy are found to be consumptive; and taking the steel grinders all around, it will be found over forty in the hundred are consumptives. Consumption among the workers in copper and lead is the predominant disease; and in one hundred lithographers, for instance—working in copper—one-half nearly are consumptives.

Now overtopping all other dusty occupations in their effect upon life and health are those of the grindstone makers and flint cutters; also those of glass polishers. Now the condition under which their work is carried on is in the very highest degree favorable to the production of pulmonary diseases. For

instance, they work in the atmosphere loaded with sharp spiculae, which lacerate the lungs and very quickly induce consumptive disease. Now it is very plainly seen that every grindstone maker is cut down by it at or very soon after the age of (24) twenty-four years. Hardly any of those escape.

The flint-cutters and glass-polishers have each eighty deaths per hundred, sick of consumption, and their average life is under thirty years.

Again it is seen the stonecutters terminate their average life at the age of thirty-six—thirty-six in every hundred sick being consumptives.

Now if we only enter one of the busy workshops of the steel workers for a short time, amid the turmoil of the very large working machinery and here attempt to breathe its very stifling atmosphere, charged with minutely pulverized dust emitted by hundreds of wheels, we would have here the practical experience of the very causes why few, if even any, of all these workers in these shops will ever reach their fortieth year. It will here be seen that local irritation by foreign particles in the lungs is a patent cause of tuberculosis.

AN ANOMALOUS CASE WITHOUT VISIBLE CONNECTION BETWEEN BLOOD VESSELS OF CORD AND PLACENTA.

F. H. HURON, M. D.

Read before the Indiana Institute, May 28, 1901.

On October 4, 1900, I attended Mrs. C., in labor with her fourth child. The presentation being normal and the child seeming to be quite small, I did no meddling, and in a short time the pains became expulsive and the infant was born without having ruptured the membrane.

I quickly tore open the sack, lifted out the child, tied and clipped the cord, handed the child (a girl) to the nurse, placed my left hand over the uterus, and finding it strongly contracted I felt for the cord at the outlet to take away the secundines. Finding no cord there I thought it had been torn loose, and inserted my hand to remove the pla-

centa, but discovered there was none in there. I then took up the cord where it had been clipped from the child and drew it out, tearing the sack in two, and found no placenta on the half of the sack to which the cord was attached. Taking up the other half I found the placenta complete excepting no cord attachment, and placing the two halves of the sack together I found that the place where the cord was attached to the membrane was at least three inches from the placenta, with no visible blood vessels extending from the cord to placenta or in any other direction. Having never heard of such a condition I wrapped the specimen

and took it to my office for investigation, placing it in a weak formaldehyde solution. Several physicians called to examine it and each pronounced it to be something not before heard of. The membrane was quite tender and in the repeated examinations was torn to the edge of the placenta in one place, but the torn edges can be placed together to show the distance from the placenta to the attachment of the cord. After a few weeks I placed it in the office of Dr. O. S. Runnells (of Indianapolis),

that any one who wished might examine it.

The child was at full term, weighed three pounds, had a sickly, shriveled look, with both knee and hip joints flexed and ankylosed, and tulipes varus quite pronounced in both feet. It lived two days and died of inanition.

(The specimen was exhibited to the members of the Institute the next day, May 29, and all who saw it pronounced it as something before unheard of.)

No Liability for Refusal to Answer Emergency Call.

In the case of Hurley, administrator, vs. Eddingfield, an action brought by the former to recover \$10,000 damages for the alleged wrongfully causing the death of his intestate, the Supreme Court of Indiana says that the material facts alleged by the plaintiff may be summarized somewhat as follows: At and for years before the death of the intestate the defendant was a practicing physician at a certain place in that state, duly licensed under the laws of the state. He held himself out to the public as a general practitioner of medicine. He had been the intestate's family physician. The intestate became dangerously ill and sent for him. The messenger informed him of the intestate's violent sickness, tendered him his fee for his services, and stated to him that no other physician was procurable in time and that the intestate relied on him for attention. No other physician was procurable in time to be of any use, and the intestate did rely on the defendant for medical assistance. Without any reason whatever, the defendant refused to render aid to the intestate. No other patients were requiring the defendant's immediate service, and he could have gone to the relief of the intestate if he had been

willing to do so. Death ensued, without the intestate's fault, and wholly from the defendant's wrongful act. The defendant demurred to this complaint. The circuit court sustained his demurrer, and the supreme court now affirms the judgment of the lower court, holding that there was no error in its ruling on the demurrer. The supreme court says that the alleged wrongful act was the defendant's refusal to enter into a contract of employment. Counsel did not contend that, before the enactment of the law regulating the practice of medicine, physicians were bound to render professional service to every one who applied. The act regulating the practice of medicine provides for a board of examiners, standards of qualifications, examinations, licenses to those found qualified and penalties for practicing without license. The act is a preventative, not a compulsory measure. In obtaining the state's license (permission) to practice medicine, the state does not require, and the license does not engage, that he will practice at all or on other terms than he may choose to accept. Counsel's analogies, drawn from the obligations to the public on the part of innkeepers, common carriers and the like, the supreme court adds, are beside the mark.—*Jour. Am. Med. Asso.*

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A Revolution in the Physician's Position Towards the Public is Aimed at by the National Health League.

This league has for its benign object the promotion of public health by natural means. Its endorsers discard drugs and most surgical operations.

The promoters maintain that (1) animals, in their free state, and, hence, without medical attendance, are perfectly healthy and that (2) civilized races, who have been under the care of trained physicians for generations, are far below the normal standard of health, and hence are bound to speedily increase their demand for natural methods.

The league, in accounting for the terrible disparity existing between the health of man and that of the lower animals, points out the following causes:

(1) The branches taught in medical colleges lay too little stress upon aetiology, preventive medicines and health preservation.

(2) The various medical schools are rather antagonistic to each other both as to theory and practice; and as there must be latent truths or principles belonging to all, these should be sought out and adopted by all, for the common good of suffering humanity.

(3) The physician's fee under the present system is in direct ratio to the duration of the patient's illness, whereas, it would seem to be good business policy, at least, to adopt a method of remuneration according to the physician's ability to ward off disease and keep his clientele in a state of robust health, especially as every physician knows that ill-health results from transgressing nature's laws.

(4) In order to bring about this reasonable reform the league proposes two radical changes, viz.: the one indicated under No. 3; and the establishment of comparative hospitals, where the various medical systems shall demonstrate their relative efficacy.

The league claims that physicians should be trained to become teachers of health. Large sanitariums are to

be established everywhere for the recreation and recuperation of the masses, the physicians to be chiefly employed at these health-giving institutions, and drawing fixed salaries. It would thus be to the physician's interest to promote health by every conceivable means. Such a condition would place the doctor in proper harmony with his own conscience, and the actual needs of the invalid world.

Suggestions, pro or con, are earnestly requested relative to this move-

ment, and may be addressed to the secretary of the

NATIONAL HEALTH LEAGUE,
823 Lexington Ave.,
New York City.

All communications will be impartially and confidentially considered. Sympathizers are invited to join the league; and physicians after acquiring the requisite training in natural methods, and, having sufficient capital to invest in the enterprise, will be placed at the head of such institutes.

Colleges and Institutions.

Items of Interest for the Department Solicited from all Homeopathic Colleges and Institutions.

Chicago Homeopathic Medical College.

At the annual meeting of the Board of Directors of the Chicago Homeopathic Medical College the following officers were elected:

Dr. A. C. Cowperthwaite, president and acting dean.

Dr. Chas. Adams, vice-president.

Dr. Wm. G. Willard, secretary.

Dr. S. H. Aurand, treasurer.

Dr. Edgar J. George, business manager.

Dr. W. S. White, registrar.

Action was also taken so as to admit women on the same terms as men, and already several women students have signified their intention of matriculating in the school. It is the expectation that next fall the college will enroll the largest class in its history.

Illinois Homeopathic College Association.

The forty-sixth annual meeting of the Illinois Homeopathic Medical Association, held at Masonic Hall, May 7, 8, 9, under the presidency of Dr. F. E. Downey, was a great success. The newly-elected officers are:

Dr. E. H. Pratt, Chicago, president.

Dr. O. B. Blackman, Dixon, Ill., 1st vice-president.

Dr. N. Starr, Charleston, 2d vice-president.

Dr. E. F. Downey, Clinton, treasurer.

Dr. Edgar J. George, Chicago, secretary.

Dr. Alice Barlow Brown, Chicago, provisional secretary.

The twentieth semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Association was of unusual interest.

The members present: Drs. John Borough, Mishawaka W. B. Kreider, Goshen; M. H. Criswell, Cassopolis; John C. Rollman, Burr Oak; G. H. Denike, Union, Mich.; Wm. Dederick, Warsaw; Martha V. Thomas, South Bend; and A. L. Fisher, W. H. Thomas and H. A. Mumaw, Elkhart.

The names of Drs. F. V. Martin, Westville; Samuel Ferguson, Chicago; D. M. Nottingham, Lansing, Mich., and Geo. F. Washburne, Elkhart, were presented for membership.

By request of Dr. A. L. Blackwood, Chicago, the chair appointed Drs. Borough, Martin and Criswell a committee on life insurance, to report at the next meeting of the American Institute of Homeopathy, to be held at Buffalo, in June.

After the collection of annual dues, reports of delegates from other societies, and some routine business, the reports of bureaux was in order. Chairmen: Surgery, M. K. Kreider; Materia Medica, J. M. Byler; Practice, W. A. Whippy; Ophthalmology and Otology, C. D. Goodrich; Gynecology and Obstetrics, Porter Turner; Paediatrics, Julia D. Godfrey.

The chair appointed Dr. John C. Rollman general critic.

The following papers were read and fully discussed by all the members present: "A Pyrogen Case" and "Prenatal Influences," A. L. Fisher; "Specific Urethritis," M. H. Criswell; "Removal of a Particle of Steel From the Crystalline Lens," W. B. Kreider; "A Case of Appendicitis," W. H. Thomas; "Vaccination," "An Extract From an Address," and "Malaria," C. W. Bowen (read by the secretary); "Natural Exciting Causes of Disease," E. Mather; "Leukemia," Prof. W. B. Hinsdale,

Ann Arbor. Reports of cases, Drs. G. N. Denike, M. V. Thomas, J. C. Rollman, W. M. Deerick and F. V. Martin.

Chairmen of Bureaus for the next meeting: Surgery, Porter Turner; Materia Medica, Wm. Dederick; Practice, Geo. F. Washburne; Ophthalmology and Otology, W. B. Kreider; Gynecology and Obstetrics, Catherine H. Frank; Paediatrics, Julia D. Godfrey.

It was suggested by Dr. Fisher that the Bureau of Materia Medica prepare special papers on Aconite, Gelsemium, and Belladonna; the Bureau of Paediatrics on Entero-colitis; and Obstetrics, on the application of the forceps.

Election of officers for the ensuing year resulted as follows: President, M. H. Criswell; first vice-president, John C. Rollman; second vice-president, Martha V. Thomas; secretary and treasurer, H. A. Mumaw.

It was decided to hold the next meeting in Elkhart on the second Tuesday in October, 1901.

The meeting of the Indiana Institute of Homeopathy, held May 28th, was a very successful affair.

There were 35 papers read in the 12 bureaux; discussions were spirited; attendance very large, and altogether the best meeting the institute has had in the opinion of some of the oldest members. Officers elected for 1902:

President, F. C. Stewart, M. D., Indianapolis.

First Vice-President, D. H. Dean, M. D., Rushville.

Second Vice-President, A. F. Hudleston, M. D., Winchester.

Secretary, H. H. Baker, M. D., Muncie.

Treasurer, W. B. Huron, M. D., Tipton.

Censors as well as secretary and treasurer were re-elected.

Delegates to Association Institute of Homeopathy: F. L. Davis, M. D., Evansville; O. S. Runnels, M. D., Indianapolis.

Miscellaneous.

Before Surgery Had Done Its Best.

At the annual meeting of the American Association of Obstetricians, held at Toronto recently, considerable attention was given to appendicitis. Among the eminent surgeons taking part in the discussion was Dr. Donald MacLean, of Detroit, and the American Journal of Obstetrics reports him as saying that in his belief in a great many cases in which an operation had been performed the patients would have recovered without the operation, and permanently. "In our practice," continued the doctor, "we have to contend with the opposition of the friends or relatives of the patients regarding surgical interference, and this a serious matter. It takes a man with a good deal of moral courage to go into a family and say to a mother or father, 'Your lovely daughter of 14 has got appendicitis and must be operated on at once.' It causes the family great sorrow, and sometimes catastrophes of another kind result from it. For instance, in Detroit a young lady of a prominent family was taken with appendicitis and so diagnosed by her physician. He called in a surgeon, who advocated immediate operation, which had the effect of horrifying the family to such an extent that my surgical friend and physician were both dismissed from the case. A homeopath was called and sure enough the case got well."—Daily Press. The particular Homeopath in this particular case was Dr. C. C. Miller, president of Detroit Homeopathic College.

The Medical Council furnishes some good ideas as to how doctors ought to live.

1. Do not work beyond your strength. The judicious worker can ac-

complish more than the spasmodic worker.

2. When your practice becomes too large, turn over the most unprofitable part of it to younger and less busy men. As soon as possible decline all night work.

3. Avoid intemperance, be home at meal times, and retire early.

4. Save a part of every year's income so that you may have something to fall back on in sickness or old age.

5. Take at least a half day's vacation once a week and a month once a year.

The eleventh annual meeting of the Association of Homeopathic State Examiners will be held at Richfield Springs, New York, in the one of the reception rooms of the Hotel Earlington, on Tuesday, June 18th, 1901, immediately after the adjournment of the general session of the institute.

Officers for 1900-1901. President, A. Korndorfer, M. D., 1728 Green street, Philadelphia, Pa.; secretary, H. M. Paine, M. D., 67 North Forsyth street, Atlanta, Ga.; treasurer, Edward Cranch, M. D., 109 West 9th street, Erie, Pa. Executive Committee.—The President, Secretary, Treasurer and S. W. Calderwood, M. D., 221 Warren street, Boston, Mass.; V. H. Hallman, M. D., 606½ Central avenue, Hot Springs, Ark.

Dr. James I. Murray has removed his office to 504 West Forest avenue, corner Twelfth street, Detroit.

From time to time physicians hear something of the so-called "Viavi remedies" which are usually sold from house to house by the wives of preachers or by other women of respectability. Quite a good business is done in this secretive manner. Up to the present time there has been no definite in-

formation as to the composition of these nostrums. In the Journal of the American Medical Association for April 27 there is a note containing the information that the Viavi remedies have recently been brought into court in England. A chemist testified that the liquid furnished to the victims contains 30 per cent sugar, with tincture of hydrastis and morphin. The pills contain sugar, aloes, and probably calocynth. From this it would seem that the popularity of these "remedies" among certain individuals is due to the contained morphin—at least it is improbable that people would pay so much for the sugar. If we had a nostrum law similar to England's, something might be done to stop this underhanded sale of morphin.—Cleveland Journal.

An elephant in the zoological gardens at Hanover, Germany, was recently found to be suffering from a growth upon the lower part of one of its hind feet, and it was decided to remove it. In order to make the animal insensible a dose of six hundred grains of morphia in six bottles of rum was administered. About an hour after the elephant had consumed this combination narcosis was complete, and the operation was performed without any trouble.—Interstate Medical Journal.

Charles White has examined the teeth of some paleolithic skulls. By dissolving the tartar and subjecting the residue to the microscope he has found grain-husk, spiral vessels from plants, starch, fragments of fish teeth, fruit-cells, down-barblets and wool. There were also sandy particles, referable to the stones used in grinding the grain. Evidently our ancestors did not stop to skin their sheep or pluck their fowls.

In affirming the conviction of August C. Reetz, who was convicted of

practicing medicine without securing a license from the state board of medical examiners under the new law, the supreme court of Michigan has made a ruling which materially strengthens that enactment. Counsel for Reetz maintained that such legislation is an interference with the inalienable right of a citizen when ill to employ anybody he chooses as his physician.

This contention, the court says, is not supported by authority or reason. The practice of medicine affects the public health and it is clearly within the police power of the state to provide that those dealing with disease shall be amply qualified to do so, so far as human experience and education may qualify them. If this contention be adopted, then the law providing for the admission of attorneys to practice law is unconstitutional and void. This legislation has been most universally sustained by the courts of other states and the supreme court of the United States.

Book Reviews.

A text book of Ophthalmology, by John A. Wright, A. M., M. D., professor of Ophthalmology and Clinical Ophthalmology in the Ohio Medical University; Ophthalmologist to the Protestant Hospital, Columbus, Ohio; member Ohio State Medical Society; member American Medical Association. Second edition thoroughly revised with 117 illustrations and 378 pages; price, \$3.00. Philadelphia, Pa., Blakiston's Sons & Co., 1012 Walnut street, 1900.

The first edition of this book was written for the medical student. The reception given it by the practising physicians, has encouraged the author to completely revise the second edition, so as to adopt it to the use of the general practitioner. With this object in view he has given the latest and most

other substances are best prepared by those who have especially fitted machinery for such processes of manufacture. But the result is not uniform with all the chemical processes, nor in all special laboratories. Tincture of Iron is one of the more ordinary preparations of the Pharmacopœia, yet how many educated pharmacists can prepare it so it will be uniform with a standard? Indeed the day of home-made pharmaceuticals has passed. The array of bottles of macerating drugs in the cellars of drug stores long since gave place to the more speedy and more scientific method of percolation, but the advent of the manufacturing pharmacist has superceded this with more uniform preparations. Yet different manufacturers, under the same manipulation and using similar appliances, turn out products of varying quality and differing from their competitors who are presumably possessed of like general ability. So, throughout a vast quantity of substances of economic use, the resultant wish would be, among experts, for only the product of a certain manufacture. It is a law of nature that the fittest shall survive.

If this view of the question be correct, why should it be presumed—as is at times asserted—that so subtle a preparation as Wine of Coca may be extemporaneously made that will equal the skillfully prepared product made with all the advantages and resources of the establishment of Mariani, of Paris, France? Here is a laboratory exclusively devoted to the production of Coca preparations. This chemist has devoted nearly half a century to the perfection of the famous tonic wine which rightly bears his name. While Vin Mariani is a proprietary preparation it is in no sense a secret remedy, but is prepared after the French cordex to present the force giving qualities of Coca, with the mild tonic of a wholesome wine. In this form it is generally admitted to represent not only the true properties of Coca, but to be the most available form for administration of that substance. The research which devised this unique combination, the money expended in experimentation leading to its perfection, the constant care in selection of appropriate Coca leaves and the choice of a suitable wine—both of which are watched by experts during their devel-

opment—the immense pecuniary outlay in processes of manufacture and in distribution, can only be adequately repaid through the success following the general acceptance of a worthy product. That extreme care has brought perfection followed by success, entitles its originator to reap the full benefit accruing from the commercial distinction which has made the Mariani synonymous with Coca. That Vin Mariani is conscientiously prepared, that it is introduced to the medical profession in an ethical way, that it has stood not alone the mere test of time but is constantly increasing its sphere of usefulness, that its advocacy has steadfastly sustained interest in the parent plant when sensational assertions have led some to doubt the efficacy of Coca, are but incidental yet potent reasons why its support as endorsed by hundreds of thousands of physicians throughout the world is not only scientifically correct but purely ethical as is the use of any other pharmaceutical preparation. Vin Mariani as a reliable adjuvant in the time of need to support the patient, with or without other remedial measures, should not only be considered a welcome boon but should be championed by every conscientious physician who believes that worth makes might, while all such will equally agree that substitution is an affront which should excite personal condemnation.

Automatic Safety-Valve Stopper— A Device Preventing the Bursting of Peroxide of Hydrogen Bottles.

The great trouble with peroxide preparations is that if the containers are tightly corked, the oxygen which separates and is set free, slowly but constantly as time passes, accumulates, until the bottles can no longer stand the pressure and burst, or the corks are driven out. Of the two alternatives, the bursting of the bottles is the most objectionable feature on account of the danger attached to it.

Containers of the hydrogen peroxide, U. S. P., which is a comparatively weak solution of H_2O_2 , yielding but 10 volumes of oxygen, may be closed with a wooden stopper, which, by the porous nature of the material, permits



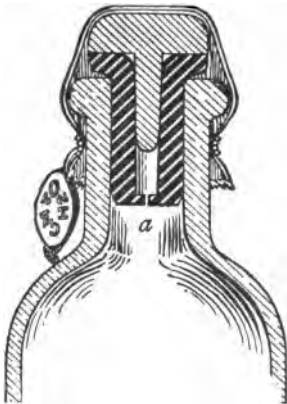
(a) Puncture.

Cut No. 1. Illustrates the cross section of the safety valve rubber cork, showing the wooden top and the puncture at the bottom. A thin strip of paraffined paper is inserted into the puncture.

the escape of the gas almost as soon as it is set free, thus avoiding explosion and rupture of the bottles or the driving out of the corks..

While these wooden stoppers answer very well for solutions of H_2O_2 responding to 10 volumes of oxygen or less, with stronger solutions, such, for instance, as Marchand's peroxide of hydrogen medicinal (15 volumes), or his hydrozone (30 volumes of oxygen) they are quickly attacked by the solutions, as are the ordinary corks, and within four months are completely oxidized, not merely bleached, but rendered so soft that they cut like pot cheese. From that time the goods are unfit for sale.

In order to prevent these difficulties and especially to obviate the bursting of the bottles containing hydrozone Mr. Marchand, the manufacturer of that article and other well-known brands of peroxide of hydrogen, has



(a) Puncture.

Cut No. 2. Illustrates the cross section of a bottle corked and capped with vegetable parchment and paraffined muslin; no wire.

devised an ingenious stopper which he

calls the "automatic safety valve rubber cork," and which is shown in the illustration.

The material of the stopper is vulcanized rubber. The beveled end is punctured through in such a manner that when the pressure in the bottle rises above 5 to 8 pounds to square inch (according to the thickness of the rubber at the bottom, which may vary slightly), the excess of free oxygen finds free egress and thus relieves the tension.

This device is first inserted, and a plug of porous wood is then driven in,



Cut No. 3. Illustrates the top of the bottle with the seal.

thus stiffening the rubber and completing the operation of "corking."

The capping consists of vegetable parchment covered with paraffined muslin, no wiring being used or needed.

It is easily seen that this style of closing the bottle obviates the possibility of bursting. Assuming even, that through some imperfection of the stopper, the puncture should close, as soon as the pressure rises to a point far within that required for rupture of the bottle, the stopper, not being wired down, will yield and be forced out.

Retail druggists who have for so many years been the chief sufferers and losers from the bursting of the peroxide containers, and the deterioration of the substance otherwise from the causes indicated above, will welcome Mr. Marchand's invention as a happy solution of what has to them been a very serious problem in the past, since it will enable them to supply their trade with the higher solu-

tions of hydrogen peroxide, and especially that preparation of Marchand's for which the stopper was particularly designed, "hydrozone," which carries 30 volumes of oxygen.

The device described above—the automatic safety-valve stopper—having entirely obviated the danger arising from the explosion of bottles in handling, there is certain to be a largely increased demand for Marchand's concentrated solutions of the peroxide of hydrogen (which alone will be corked with the patented stopper), since physicians anxious to obtain quick results will never prescribe anything but the most active solutions, or those richest in active oxygen, and since druggists will be protected absolutely against loss by deterioration or explosion. The medical profession is being thoroughly advised of Mr. Marchand's new method of closing his bottles of "peroxide of hydrogen medicinal" and "hydrozone," and will be certain to avail themselves of the advantages thus guaranteed them.—April, 1901, issue of National Druggist of St. Louis.

Note.—Remember there is no popping when corks are removed.

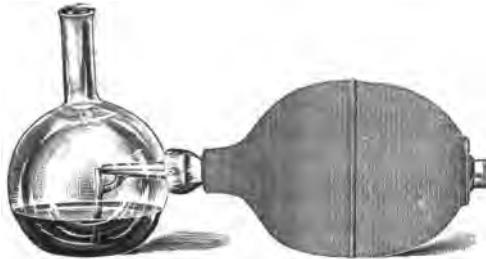
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The Medical Counselor.

A YEAR'S WORK OF THE MICHIGAN STATE BOARD OF REGISTRATION.

M. C. SINCLAIR, M. D., Grand Rapids, President of the Michigan State Board of Registration in Medicine.

The first meeting of the board was held at the State capitol at Lansing on the second Tuesday of October, 1899, at which time the board organized for work by electing myself as president and Dr. B. D. Harison, of Sault Ste. Marie, Mich., as secretary, after which I immediately named members of the following committees as follows, viz: Auditing, Drs. Baldwin, Whelan and Alvord; Standards and Colleges, Drs. Alvord, Wm. Bell and Lodge; Examinations, Drs. Samuel Bell, Lodge and Baldwin; Legislation and Litigation, Drs. Sinclair, Harison, Haze, Wm. Bell and Alvord; Supplies, Drs. Harison, Haze and Sinclair; Registration, Drs. Whelan, Kost, Lodge and Wm. Bell. After organization, the members of the board severally and individually set about the task of familiarizing themselves with the medical law, and endeavored to learn its meaning and intent, so that it might be applied intelligently and in a manner that would best serve the interests of the public, and at the same time be a credit to the registration board, as well as to the medical profession throughout the State.

In beginning our work, one of the first resolutions passed was one for our guidance in the matter of re-registering physicians who were already legally registered under Act 167 of the laws of 1883, as amended in 1887. The resolution was that nothing short of a certified copy from the county clerk of the affidavit filed by a physician to procure registration under the old law would

be received by the board as sufficient record that they were properly and legally registered under said act.

And further, Resolved, That all applicants for re-registration under the present law shall be required to furnish, in addition to the certified copy of registration under Act 167 of the laws of 1883, as amended in 1887, from county clerks, the diploma, or certificate, as proof of possession of the same, upon which they had so registered, and if they had registered under the Years of Practice Act, they were required to furnish proof of the legality of the same.

In adopting these rules for our guidance, we felt that we would not only be able to re-register all physicians legally entitled to re-registration under the new law, but we would also be able to cut out, or refuse re-registration to any who might have been illegally or fraudulently registered under the old law, and I am happy to say that in this we succeeded most admirably, for it resulted in a failure of about eleven hundred who were practicing medicine illegally under the old law to receive certificates from the new board. It need hardly be mentioned, that among these were graduates of many false institutions, which had been granting medical diplomas, without actual attendance at college, to any who had the price, the price varying according to demand and circumstances. Prominently among them were many who held diplomas from the so-called Independent Medical College of Chicago. The graduates of

this institution formed an organization in the State for the purpose of fighting the board and compelling it to recognize their diplomas, which the board refused to do, the result of which was that they mandamused the board and the matter was passed upon by the Supreme Court, where the position of the board was sustained. Since then a number of arrests have been made of those who, regardless of the decision of the Supreme Court, still continued to practice, with the result that their cases were again fought from the Justice Court to the Supreme Court of the State of Michigan, where the law was declared to be constitutional, since which time scarcely any can be found openly violating the law. If there are any practicing, it is in a surreptitious manner, without any external evidence of their doing so. The unanimous opinion and feeling of members of the board was that diplomas from institutions of this kind were frauds upon the people, and, as stated by Attorney General Oren, of the State of Michigan, that it was not the policy of the law to protect fraud, no matter in what guise it presented itself; that by Act 167 of 1883, as amended in 1887, graduates of legally authorized medical colleges were entitled to registration, and the legislature in passing that law only contemplated licensing graduates from reputable medical colleges, legally authorized and in good standing. This was the basis taken by the board in dealing with those in possession of diplomas and seeking re-registration under the new law. This we considered to be in strict accord with safe public policy.

The Michigan State Board of Registration in Medicine, in dealing with applicants for registration, is endowed with functions, or powers, that are far reaching—i. e., the board is given the power, by the act, to examine into the quality of the evidence produced by applicants who wish to be registered in

medicine. The mere fact of their being in possession of a diploma alone is not enough,—the board must be assured that the college which granted the diploma is up to the standard of teaching and equipments of like institutions in the United States whose reputability is beyond question, and that the same is scheduled among its approved and designated list of colleges. The scheduling of colleges is a matter which the board dealt with in a very careful and conscientious manner, and one which, at the same time, gave the board a great deal of concern.

In dealing with the colleges of the state of Michigan, we decided upon a plan that seemed to solve the problem very nicely—we invited the deans, or other representatives, of the medical colleges in our state to meet with us at the Grand hotel, Mackinac Island, last July and discuss this matter with us. Every medical college in the state was represented, and the following minimum standard of teaching was submitted to them for their consideration, which they, without a dissenting voice, agreed to—viz.:

Resolved, That the following shall be the minimum standard for medical colleges "approved and designated" by this board in this state, under section three, subdivision five, of the medical act;

A preparatory literary education for every student equivalent to graduation from a high school whose diploma would be recognized as fitting the student for entrance to the freshman class of the literary department of our State University, and including at least one year in Latin.

The curriculum shall comprise:

Lectures and Teaching:

180 hours in Anatomy,
200 hours in Physiology,
150 hours in Chemistry and Toxicology,
100 hours in Pathology,
150 hours in Therapeutics.

60 hours in Histology,
 30 hours in Hygiene,
 390 hours in Practice of Medicine,
 195 hours in Surgery,
 120 hours in Obstetrics,
 30 hours in Gynaecology,
 60 hours in Diseases of the Eye and
 Ear,
 15 hours in Medical Jurisprudence.

Laboratory Work.

240 hours in Anatomy,
 80 hours in Physiology,
 240 hours in Chemistry and Toxicology,
 80 hours in Pathology,
 80 hours in Histology,
 48 hours in Surgery,
 120 hours in Bacteriology.

The Clinical work to be reviewed by a committee of the Board.

Such college shall also furnish and require competent laboratory courses in Anatomy, Analytical and Physiological Chemistry, Bacteriology, Histology and Pathology. It shall be deemed proper and competent for the Committee on Colleges and Standards, through the secretary, to call at any time before this board any student of any medical college listed as "approved and designated" for examination, previous to the issuing of any license for practice, and if it shall appear that the graduates of any such school have not received sufficient instruction in the subjects required by this board under the law of this state, then the approval of this board shall be withdrawn from such college and its name be struck off from the list of colleges "approved and designated" by this board.

This seemed to cover the ground fairly well so far as the colleges in the State of Michigan are concerned, but it does not reach colleges outside of the state. So far as they are concerned the board has full power to examine into their reputability, and any who may make application for recognition, if found worthy, are placed upon the "approved and designated" list. At the

present time there are forty-three colleges listed. Others are being investigated, and, no doubt, more will be placed upon our list of recognized colleges. In relation to this subject, I cannot do better than quote the words of Dr. A. W. Alvord, Chairman of the Committee on Standards and Colleges, when he said, in his report, that

"Recognizing the importance of a thorough understanding of every medical school whose graduates were likely to ask recognition from our board, we have undertaken to gain an accurate knowledge of the personnel of the faculty, the extent, condition and use of the plant, as well as the character and quality of the work done in such schools. This has proved no slight task and has already involved many months of labor in addition to the writing and receiving of several thousand letters. We regret to say that the printed announcements and catalogues of some of the schools do not represent the facts in the case as shown by investigation. A medical college on paper seems to be one thing and its genuine condition and requirements as applied to students decidedly another. This has led your committee to be exceedingly wary of conceding the status of any school to be satisfactory unless personally examined by your committee, or some competent medical gentlemen in whose report we would have confidence."

In addition to the matter of examining into the merits of the evidence produced by applicants for certificates to practice medicine, by virtue of their being in possession of diplomas from some medical college, the board holds two regular examinations each year in order to examine any who may wish to be registered as physicians, and have not the necessary qualifications under section 3, subdivision 5, of the Medical act. Up to January 1, 1901, there were three examinations held; one of which

was a special examination. The subjects examined in were as follows:

Bacteriology,
 Eye and Ear,
 Mental and Nervous Diseases,
 Therapeutics and Practice (Physio-Medical),
 Chemistry,
 Surgery,
 Surgical Pathology,
 Practice of Medicine,
 Pathology,
 Therapeutics and Practice (Eclectic),
 Medical Jurisprudence,
 Therapeutics and Practice (Homeopathic),
 Gynaecology,
 Obstetrics,
 Hygiene and Health,
 Therapeutics,
 Minor Surgery,
 Histology,
 Anatomy (Descriptive and Surgical),
 Physiology,
 Toxicology.

At the special meeting held March 20 to 23, 1901, at Detroit there were twenty-two candidates appeared for examination, of which sixteen passed, one failed and five were conditioned. Of this number, four were graduates of reputable colleges and four passed. Of non-reputable colleges, there were three; one passed and two were conditioned. Of students, or undergraduates, there were fifteen applicants who had been in practice several years, eleven of which passed, one failed and three were conditioned.

At the examination held in June 12-15, 1900, there were twenty candidates, ten of whom passed, six failed and four were conditioned. Of this number nine were graduates of reputable colleges, of whom seven passed, and two were conditioned. Six graduates of non-reputable colleges, of which none passed, five having utterly failed and one conditioned. Of students or undergraduates who had been in practice sev-

eral years, there were five applicants, three of whom passed, one failed and one was conditioned.

The examination held October 9-12, 1900, at Lansing, there were thirty-eight candidates, of whom sixteen passed, thirteen failed and six were conditioned, and three did not complete their examinations. Of this number, thirteen were graduates of reputable colleges, of which ten passed, two failed and one was conditioned. Sixteen were graduates of non-reputable colleges, of whom three passed, seven failed and five were conditioned, one did not appear. Nine students or undergraduates who had been in practice, of whom three passed, four failed and two did not complete their examinations.

Total number of candidates at the three examinations, eighty, of which forty-two passed, twenty-three failed and fifteen were conditioned. Of those who passed, twenty-one were graduates of reputable colleges, four of non-reputable colleges, and seventeen were students or undergraduates who had been in practice for some time.

It is possible that under the arduous task imposed upon the Medical Board during this period of re-registration and examinations mistakes were made, but this was not due to any fault of the board, but to the fact that many were seemingly legally qualified under the old act, and the board had no recourse except to register them. There were also a few re-registered by virtue of their having made false statements before the board. Of this number, there were six whose certificates were consequently canceled. If others should come to light, they will be dealt with likewise.

The policy of the board during this period was to deal fairly and equitably with those with whom we had to deal, and at the same time, when necessary, to administer the law fearlessly, regardless of friend or foe. In relation to this

matter, I cannot do better than quote from the journal of the American Medical Association, where it says that

"Other boards throughout the United States in re-registering practitioners under new acts, as a matter of course, granted re-registration to all applicants without regard to the qualifications under which they registered under a previous act, consequently the work of the Michigan Board has been greatly in excess of any other board recently established within the United States."

It also says in a recent editorial: "That although the Michigan act is very little, if any, superior to some of the other acts in other states, still the Michigan Board has accomplished many times more beneficial work in the cause of medical legislation, and that it is not always the act that does the good work, but the men behind the act who are responsible for its results."

It was contemplated by the medical board to try and get an amendment to the present medical law requiring all applicants for registration in the state to take an examination, but when we considered the matter in executive session, we concluded to allow the matter to rest until such a time as all organized opposition to the board was at an end, which we are now sure is the case, and the probability is that such an amendment will be introduced at our next legislature. At the same time we feel that under the present act, any person granted a certificate from the Michigan Registration Board will be a safe person to practice medicine in any state of the Union. As to my choice between mixed boards and separate boards, I can only give my experience, and can heartily give my preference in favor of a mixed board for the reason that during all the time of transition from the old regime to the new, and in dealing with all manner of questions that came before us, the question of school never entered into the case. Without any ref-

erence to myself, we were fortunate in having upon our first board gentlemen who were broad-minded, scholarly and eminently fitted for the work imposed upon them. And the work performed by the board has already done more toward doing away with bigotry and narrow-mindedness in medicine in the State of Michigan than anything that has ever taken place in the state before.

The Michigan medical act has a reciprocity clause, and it is my hope and desire to see the day when a certificate of registration in medicine, granted by a state board in any one of the states will be recognized in any of the other states of the Union, and I believe the Michigan State Board of Registration in Medicine has, at least partially, solved this problem by fixing a minimum standard of medical and surgical instruction in the colleges of our state. If this was done in every state in the Union, it would be a step toward bringing about this very desirable end. Either this or a federal medical board is the only way I can see by which this could be accomplished. It seems somewhat ridiculous to me that a physician can practice medicine along the border of a state and not be allowed to treat a patient's neighbor across the line. It seems as though adjoining states could come to some sort of an understanding and arrange their medical matters in such a way that the bordermen would not be prohibited from stepping across the line to prescribe for a patient.

It has always seemed to be preposterous to ask a man who had graduated from a reputable medical college and had been in successful practice for a number of years, to submit to a technical examination before being permitted to practice in a state other than the one in which he has always lived and practiced. It is entirely different with the student just out of college. We would expect him to take his examinations and pass them in a creditable manner,

but it is quite different with a man who has been out of college for a number of years, and whose time and mind has been constantly taken up by the care of the sick, or the surgeon whose mind and eye and dexterous hand have been busily engaged in the constant care of surgical cases, aside from their specialty, we cannot expect them to be sufficiently posted on the many collateral, scientific subjects in medicine and surgery, to pass a creditable examination. Furthermore, to ask those whom we all know are graduates of reputable medical colleges and at the same time know them to be physicians and surgeons of great skill, eminently qualified to practice their specialties, to undergo an examination is not only wrong, but a travesty upon the medical profession. In my judgment, the proper thing to do is for state boards to so arrange their laws that members of the same shall have the power to fix a minimum standard of teaching for our medical colleges, and either take part themselves or have a special board appointed to take part in the examination and see that it is properly conducted, and when a young man or woman receives a diploma from a medical college and the state board places its stamp of approval upon the same, it will mean something and have a value so high and unquestionable that it will pass for face value never be brought about except by having state boards, where in existence, by and with the advice of a federal

board, standardize and have a general in any state in the Union. I am heartily in favor of reciprocity, but it can never be brought about except by having state boards, where in existence, by and with the advice of a federal board, standardize and have a general supervision over every medical college within the United States.

This would go a long way toward bringing about reciprocity, in medicine and surgery, between the different states in the Union where medical boards are now in existence.

The same could be obtained in every state medical board were an examining board, and the examinations of applicants for certificates in each instance, were the same. Unless they were the same, I cannot see how certificates could be accepted by a medical board of one state from another any more than we could accept one at the present time. Furthermore, it is not every state legislature than can be induced to pass such a medical law, believing as many legislators do that it would be exacting too much and imposing a hardship on the older practitioners of the United States who might wish, for some good reason, such as sickness or financial conditions, to change their residence from one state to another.

'Tis truly said, "Consistency, thou art a jewel." This applies with as much force to our medical laws as to anything else in existence.

LYING VACCINATION STATISTICS.

W. B. CLARK, M. D., Indianapolis, Ind.

The statistical lie most difficult to kill and keep killed is the one relating to smallpox during the Franco-Prussian war of 1870-1, to the effect that only about 3,000 of the vaccinated German soldiers died of smallpox to about 23,000 of the unvaccinated French, and

which, I am sorry to say, you have represented on page 68. It has been exploited and exploded before three governments (English, German, Swiss), paraded in board of health publications, presidential addresses and vaccination articles, books, (including our Fisher's

"Diseases of Children"), newspapers and medical journals, and recently by Surgeon General Sternberg in defense of his criminal poisoning of our soldiers in the Philippines. There may be some excuse for the laity not knowing the truth regarding it, but none for the physicians—so with the latter in this case it is either woeful ignorance or willful lying. You quote the story from Prof. Bizzozero, but the truth in it is as invisible to the naked eye as "Bizzy's" famous corpuscle itself, as I purpose to show. In a somewhat extended and careful study of both sides of the perplexing question of vaccination I have learned that much of the unverity of the pro side of it is appalling, and no term expresses the condition so well as vaccinal verophobia. It pervades all the literature so extensively that every statement in this field by a health officer or otherwise pecuniarily interested person must be scrutinized with the greatest care before it can be accepted as fact. Nor do I attribute this condition of affairs to dishonesty, but to carelessness, and to a disposition to accept a favorable statement as truth rather than by laborious research prove it true or false.

Presuming the above figures to be correct, you will notice that your doughty statistician unblushingly admits that nearly 300 well-vaccinated German soldiers died of smallpox, which ought to mean that the army had, say, 5,000 cases in one short year—a good smallpox record for an ardent anti-vaccinationist to quote. It was cases like this that inspired the crusty old iconoclast, Carlyle, to say: "There are lies, d—d lies, and—statistics;" and this is one of 'em. Your Bizzozero, as Richelieu skillfully says, "bows too low," in other words, he kills off too many French. If 23,000 died, that ought to mean 200,000, and an army of 1,500,000 men—and all revaccinated, as I will show! Your Bizzozero also tries to

convey the impression that Germany's vaccination law was passed in 1874, in consequence of "the calamitous epidemic" following the war, when everybody conversant with the subject knows that the law was passed in 1835, and called for the vaccination of everybody, several times, at various ages.

The London Lancet quite recently published the article, and was promptly taken to task for it by Alexander Paul. In its issue of June 8, giving place to Mr. Paul's short letter, the editor appends this note: "The figures escaped our attention. We regret to have published them, as their falsity has been established.—Editor Lancet."

The full exploding of this "statistic" requires a little digging into history, when the following are found to be the facts: It first appeared as a newspaper paragraph in an Austrian journal in 1872, and was copied into the British Medical Journal of the same year, only the German loss has fluctuated greatly. Herr Steiger, Minister of the Interior, in a speech in the Great Council of Berne, February 6, 1883, stating it at 3,162. Dr. W. B. Carpenter, the renowned physiologist (author of the memorable epigram: "Over the doorway leading to the temple reared to vaccination should be written, 'Whoever enters here leaves science behind,') once used the "statistic" and when shown his error publicly apologized, in brave words I could quote in the London Daily News of August 7, 1883, Dr. Lyon Playfair used in his memorable speech for vaccination in the House of Commons June 19, 1883, a speech he was making at the bidding of his constituents, whose collar he wore, as Dr. Laurie MacKenzie expressed it at the time. The statistic was discredited on the spot by Mr. P. H. Taylor, M. P. Playfair (who in several instances in this speech did not play fair, as we see in William White's brochure picking him to pieces) held up Dr. Colin's work-

on smallpox, saying: "I got it from army." He was then shown that the statement was not in Colin's book, and that Baron Larrey, not Colin, was physician general. Playfair's speech was printed, and in it this statement was credited to the report of Dr. Thilenius—German authority from French statistics.

Earl Granville in Paris was appealed to by Dr. Carpenter, and replied that the French authorities stated that the number of deaths from small pox were unknown—that the confusion was too great for registry—thus disproving the French part of the story, and compelling Prof. Carpenter to retract, as stated above. Mr. George S. Gibbs, a prominent English anti-vaccination worker, then sent a letter to the German war office in July, 1883, asking for a certified abstract of the smallpox deaths in the army in 1870-1. The reply, signed by Lisouke, chief clerk of the Minister of War, Berlin, July 30, 1883, says: "In 1871, three deaths in July, six in August, six in September, ten in November and 12 in December. For the time from July, 1870, to June, 1871, (the twelve months of the war) the numbers wished for are not recorded, and regret is expressed that on this account the desired information cannot be given." So thus the German side of the statistic goes glimmering! Indeed, the only comfort the vaccinationists can glean from the above official army report is that thirty-seven well vaccinated German soldiers died of smallpox in half a year in time of peace! and still the medical press of the world goes on publishing the "statistic," even the British Medical Journal starting it off on its rounds again as late as June, 1888!

We can easily believe that the French had more smallpox than the Germans, as they were beleaguered, shut in, living in trenches, starving and filthy, while the Germans were in the open,

sanitary, well fed and well disciplined. Almost the first remark Bismarck made when he got inside Paris was, "These people live like hogs!" But this is not all the truth, for it is also necessary to show that the French army was vaccinated. Let me quote Dr. Bayard, of the French army. Spoken in 1872: "Revaccination originated in France. Every young soldier is vaccinated on his entrance to a regiment. Our army knows of no exception." Dr. Perron, of the French Legion of honor, says: "In all European armies vaccination is the order of the day. On arrival with the corps the young soldiers are revaccinated." And if this French authority is not enough, take some German, this from Dr. Oidtmann, chief physician to the Verdun and St. Quentin, Paris, hospitals during that siege: "Shortly before the outbreak of the war the whole of the French army were revaccinated. This general vaccination tended rather to extend the disease than to protect from it." Here is more corroborative testimony. Dr. Colin, in charge of the smallpox hospital, Bicetre, saying: "The mortality was much less in the militia, who were not revaccinated, than in the regular army, which was revaccinated." And Dr. Jaehner, in his "Etiology of Variola," says: "The French prisoners were not sick on their arrival, but smallpox in epidemic form broke out among them after they were placed in German camps; all measures to repress it, even the daily revaccination in mass, were useless. Even the German guards took sick."

That the German army does have smallpox we know from Dr. Creighton's great article on "Vaccination" in the "Encyclopedia Britannica:" "Evidence as to revaccination on a large scale comes from the army. The death rate from smallpox in the German army was 60 per cent. more than among the civil population of the same age. The Bavarian contingent, revaccinated with-

out exception, had five times the death rate from smallpox that the civil population of the same age had." The statistics of Prof. Vogt, of Berne, are to the same effect. To counteract these facts the German army has adopted a system of suppression of information. Col. Spohr, long in the service, has testified to hearing army surgeons censured for entering men as suffering from smallpox, and that the practice is now to enter such cases under some "appropriate illness." In December, 1899, R. Gerding was hauled before the Berlin Criminal Court for making these charges in his book on smallpox, and found guilty, but the supreme court promptly reversed the case and ordered the state treasury to pay all the cost. Dr. J. A. Hensel, late surgeon in the German army, in an address at Salt Lake City, February 2, 1900, said: "In June, 1888, I was on duty in Strassburg, and over 2,000 smallpox cases were in the pesthouse, every one successfully vaccinated but three months before for the third time. I was laid up for five weeks, although vaccinated for the seventh time. In 1898 I witnessed the amputation of three arms and the discharge of four men from the army for general debility, all from vaccination. After this experience I am convinced that vaccination is no protection against smallpox." A German correspondent in December, 1897, wrote: "We must not lose sight of the fact that German doctors are experts at making statistics. Fine sounding new names are invented for diseases from which people die, and by so recording deaths smallpox is made to appear as stamped out." So, after all, the absence of German army smallpox is simply a case of logic, for "vaccination prevents smallpox;" these men are vaccinated and cannot take smallpox—therefore there is no smallpox in the German army!

But there is another way of proving the lie in the "statistic" we are consid-

ering, and that is by the official war figures which are at our command. These show that in a force of 25,960 officers and 862,800 men engaged in the Franco-German war of 1870-1 the battle losses were 165 officers and 26,626 men, while 144 officers and 10,942 men met their death from disease—the total deaths from disease in both armies being less than half those erroneously attributed to smallpox in the French army alone.

As our own Surgeon General, Sternberg, is so fond of this statistic, let us examine some recent ones he has given us, showing that, whatever vaccination has done for the German army—in his mind—it cannot repeat it in ours. His reports for 1898 and 1899 show our men in the Philippines as frequently vaccinated, with many deaths from smallpox (a mortality of 29 per cent.); 13 men killed by vaccination, some discharged because of injury so inflicted, 6,916 taken on the sick list because of it in 1898, and 6,895 in 1899, with other horrors I need not mention, which you will find repeated with emphasis in 1900 report, and in the 1901 report, soon to issue, as foreshadowed by the war department dispatches in the newspapers. But I forbear, and will only quote from the reporting June 30, 1900, page 123, (Surgeon Major Mans'): "I have the honor (?) to state that smallpox prevails in every town within this division, and is not rare among our troops. As a consequence, I do not believe it possible to stamp out this disease among our soldiers, in spite of the frequent and careful vaccinations practiced among them, until the natives themselves are protected." In other words, vaccination protects soldiers from smallpox when there is no smallpox around. The invalidism, often extending over many years, clearly traceable to this foolish procedure, should be spoken of, but this article has already outgrown proper limits, and we must now "tachyterminate the extenuated filament of this discourse."—swiftly cut it short.

cities usually make use of their contiguous waterways for the disposal of their refuse matter. New York City, for instance, at one time, after having its "street sweepings" picked over, carried its refuse out to and dumped it into the sea. Later that city hauled its refuse to and scattered it over vacant lands more adjacent and convenient. This last move creates a constant menace to that city's health, and is a source of discomfort, as well as danger, to more immediate neighbors, whose protests, however, recline uncared for upon the desks of authorities irresponsible to anything not suiting their entire convenience.

At one time New Orleans, like New York, transported its refuse matter (including its nightsoil) down and dumped it into the Mississippi river, a little way below the city's limits; but this was very soon discovered to harbor a menace to the health of its populace, and was abandoned; yet up-stream neighbors of New Orleans continue this mediaeval practice and will probably so continue until "Uncle Sam" is convinced of the untenableness of the so-called "dilution theory;" a theory no longer indorsed by any of our ablest sanitarians.

Such practice by one's neighbors, however distant, may possibly account in part for, in New Orleans, the frequent epidemics of contagious maladies; and such practice, now a recognized nuisance, has more recently (and for several years just past) been brought before our national legislature by the several congressmen from the more southern States contiguous to "The Father of Waters," and certainly should receive their most careful consideration.

While some cities, like St. Paul and San Francisco, send much of their garbage and "street sweepings" into the country (but their nightsoil by sewer or otherwise into contiguous waterways), it is well to consider that cities like St.

Louis, Detroit, Fort Wayne, Indianapolis, Savannah, Atlanta and Trenton, and a host of others, completely destroy all such waste matters (and destroy them cheaper than they could otherwise dispose of them) by fire. Some of these cities include in said cremation their dead animals and nightsoil, and in some of them (as at Trenton, N. J.) their disposal plant is located in the very heart of the city; and this, too, without creating a nuisance.

There are on the market at present some fifteen different patterns and patents of "plants" for the sanitary disposal of city garbage, dead animals, etc., and some of them promise right smart salvage in the form of expressed oils and ashes (which latter have a certain limited commercial value as adulterators for other higher priced fertilizers); but the only absolutely sanitary garbage disposal plant yet produced is, to my mind, that one which protects the people by thoroughly destroying by fire the common nidus for contagion at just so much per ton, per month, per voter; and without promise of any commercial returns in so-called salvage.

I believe that it is possible to demonstrate that such exact disposition of a city's refuse matter can be accomplished at a price not exceeding 30 cents per ton, per month, per voter; and I also believe that it has already been satisfactorily proved that that so-called "sanitary garbage disposal plant" promising biggest commercial results is, ultimately, the most expensive for any city; for if human life saved does not represent a better interest on such investment by any community than a little second or third rate oil (and a few ashes containing only about 4 per cent of fertilizing qualities), then sanitary science is, indeed, the farce it is often made to appear.

The question of ownership of such a "plant" is of considerable moment to a community, and should be carefully

Cost of cremating ordinary trash and combustible waste, dead animals of all kinds, meat, poultry and fish, which are very inflammable, is very small, because such garbage serves as a valuable agent in the destruction of the so-called "pure garbage" and nightsoil (which are about 90 per cent water), the report of the relative properties of such matters, as found in our present garbage, must enlighten each city as to ultimate annual per capita cost of its plant. (These and similar points I suggest to the reader because I believe that, being posted and taking an interest, each in his own city, in the economics of the city, citizens will soon learn to aid the department to protect them against disease by proper care of their household garbage.)

We know that ordinary household garbage (subject to rapid decay) which is largely organic matter, contains about 90 per cent of water (with but a small per cent of grease and other materials containing oxygen, hydrogen and carbon), and that this calls for the use of other fuels than street sweepings; and as the various coals even vary in heat units, it is plain to be seen that the proper fuel to be used in such work is to be decided, ordinarily, by others than the average alderman; and is, possibly, another and a good reason why the local board of health should control such matters unhampered, as in some cities.

While the character of the matters to be incinerated or otherwise sanitarily destroyed varies, and that the heat units in various coals vary, we know (from the practical experience of Shoreditch, England) that "street sweepings" (with the addition of but a very small percentage of other fuel) have been used successfully to not only incinerate all other kinds of garbage, but that (with their known percentage of one to ten horse-power to coal) Shoreditch also converted enough water into steam to

furnish, through dynamos (thus horse-powered) electricity enough to customers to pay the running expenses of their plant; and at the same time to pay good interest to that city upon its investment. If this can be done in Shoreditch, England, the same can be done in many an equally honestly served community in America.

The time for firing such a plant is also worth considering, and I might add, has been almost positively demonstrated in favor of the double fire boxes with continuous fire. The time for collecting the garbage, of course, remains a mooted question and is entirely subject to local ordinances and to the seasons of the year and distances from the furnace; the favorite hours, however, in a majority of the localities heard from being between 9 p. m. and 5 a. m., and daily in the summer months (except in especially thickly settled localities, i. e., hotels, restaurants, etc., where they should be made much oftener in the hotter weather, and less often in the winter and in less thickly settled communities or localities).

The collections are readily made, yet they are very materially facilitated if governed by proper city ordinances, supported by constitutionally sound penalties duly enforced. And yet the city contemplating thorough sanitary disposition of its garbage must spend its own money and not expect any support whatever from the poor. Garbage barrels must be furnished every residence, hotel, restaurant, etc., by the board of health (the city ordinances designating just where and at what hours these shall be exposed), and these must be removed at stated intervals and at the city's expense.

I would also state that in establishing a garbage disposal plant the length of haul to same is to be considered in calculating cost of maintenance, and that proper location enjoins upon the promoters of even such a "good thing"

more solicitude than is often noticeable in those not in the business of considering ultimates. And I would also add that cities now using street sweepings for fuel find it more economical to do away with the rotary brooms and confine themselves to the "street-sweep" and his little pan and brush or broom; the increase in inflammable materials thus saved more than compensating for

the extra expense in the larger force of men employed.

These are the facts. The question is: Do you need a "garbage disposal plant?" If so, which one accessible is the cheapest in the long run for your community; which one, everything, especially the most perfect sanitation obtainable, considered, is the one your city wants and can afford to provide itself with and through same reduce its mortality?

SANITARY PROBLEMS.

By T. C. DUNHAM, M. D., Prof. of Medicine, Dunham Medical College.

I am surprised that you should ask a heart specialist to write on Sanitation. It is true that the water supply of a city is much like the circulatory system of man, whose pump is the heart and the outlet by the kidneys much like the sewer system of a great city; therefore, like any other well-informed physician, I should be also a live sanitarian.

The term sanitary science is a comprehensive one. Science is classified knowledge. This must include (1) water supply, (2) house sanitation and (3) sewage disposal, etc.

1. The water supply may be from river, lake, spring, well, cistern or artesian well.

If the water available is not pure it must be settled, clarified or filtered. Which method of purification is best will depend upon the circumstances and the ingredients found in the water.

2. In primitive days, when water was brought into the house in a bucket, and the slops for the pigs, the solution of the sanitary problem was easy. The soil absorbed the offal and the big fireplace settled the question of ventilation. But to-day when the water supply must be brought into our house to flush closets as well as to supply the culinary and ablution demands, the ventilation and disposal of sewage become vital questions. As roofs increase in size and number where the precipitation

amounts to 40 or more inches a year the disposal of storm water must be considered. These and other facts press on the attention of our people.

3. Sewage disposal involves many serious sanitary problems. It caused the capital city of Brazil to be moved, and ought to move many other unhealthy cities.

In a large city there is a perfect system of drains, sewers and outfalls. These may be on land, into low ground or reservoirs, into rivers, lakes or ocean.

Physicians concern themselves more with the water supply than sewage disposal, which involves many engineering problems. They are consulted, however, more about house sanitation than on any other question. They are supposed to know more about closets, traps and ventilating pipes and methods than any other part of the question of sanitary science. Sewer gas (sulphuretted and carburetted hydrogen, etc.) is a noxious agent from post-organic decay, and is the cause of much sickness.

In the early days of Chicago when the water supply was taken from in shore, we had "fish chowder" and much sickness, but when the new water crib and tunnel gave us an intake two miles out a state of good health set in. An old physician was lamenting the distressing state of health and proposed that we

burn the crib "to increase trade."

Chicago still emptied much sewage into the lake and soon the water was not usable until filtered and boiled. Then arose a clamor for a sewage canal to empty into the Illinois River. That has been built at a cost of \$35,000,000 to carry away the refuse of 2,000,000 people. Sewage disposal is a big problem. Seven large pumping stations are necessary to supply these many Chicago people and the many factories, etc., that use the city water. In one of the stations (Chicago avenue) may be seen the first three engines that supplied the water demands of early Chicago. Detroit also has a similar exhibit, as I found when inspecting her water works. The water supply there is from a well in the sand by the river side, and settling basin. This serves to filter the water, and such is the plan of many cities. Chicago goes out into the lake four miles with tunnels and at the intake of each there is a screen, but no filter. The water is pumped into a stand pipe or directly into the water mains. Some of these are six and eight feet in diameter, and are laid along certain streets with smaller branches and finally lead pipes convey the water into the dwellings.

This would be dangerous did not the water deposit a coat of lime on the inside of the lead pipes. "Let the water run before you use it," is a standing injunction to our people. The necessity for this is apparent for plumbum in any form is not healthy. You know it produces *bos cardia*. Perhaps that is the reason that the people of lake cities are so "big hearted." A stream of 300,000,000 gallons an hour is now being sent down with our sewage towards St. Louis, and the good effect will be more apparent by and by. As the years go on the effect of dumping sewage into the water supply will cause no end of litigation. St. Louis pumps her drinking water into settling basins on the hill before using it.

What chemicals can be introduced that will purify the water, is a problem physicians should help to solve. Alum (double sulphate of aluminum and potassium) is the substance usually employed for that purpose. Lime is also available for precipitation. Potassium permanganate is used in certain cases where much organic matter is present. It helps to destroy bacteria. The oxygen evolved is the active agent.

More attention is being given to the water supply than formerly. It is believed to be the chief source of typhoid infection. Every physician should be familiar with the typhoid germ and able to tell whether a given water is healthy. Filtered and boiled water only should be given to the sick, especially typhoid cases. Such water needs aerating, and if a bottle is filled one-half full and well shaken it will become aerated.

The cool, sharp taste of some well-water is due to the large amount of lime. Then look out for calcareous arteries and valves. If alcohol, in any form, is drunk freely, artero-sclerosis may be expected. Such capillaries become blockaded, the skin gets hard and the rapid heart gives out early—all from calcareous drinking water. Don't overlook lye and butter-milk.

Rain water is usually free from earthy matter or can be if the precaution is taken to have the roof well washed before the cistern is supplied. This water soon swarms with bacteria, and should be "treated" before using.

Well-water may be the best, good or very poor. If privy soakage or stable water reaches it, sickness is the result. To test this, sprinkle a pail of salt in the privy. If the well-water tastes salty the inference is clear that it is being contaminated. Just where to sink a well depends upon the surface geology. This information the educated physician should be able to supply. Put the well at the highest point is good advice and especially if it is to be an artesian one.

The physician should preserve a rec-

ord of the different strata gone through in boring an artesian well, and see that the piping fills the hole that is drilled, if not soil and surface water may find its way even into the deep well. An analysis of the water should be made from time to time, so as to know what bad effects to look for.

If the water contains much iron, haemorrhages may be expected. The same is true if the dust of the streets is loaded with iron, but not to so great an extent. The physician should be able to readily detect the ferrum effects and antidote them. Lime is a convenient antidote. (Arsenic and iron are mutual antidotes.) Our physicians should take the front in these matters.

4. The problem of sewage disposal grows more serious as our country becomes more populated—underground as well as above ground. Dead bodies of all kinds are part of sewage. Cemeteries on the hill may contaminate the wellwater of a village. The surface geology again should tell. Privy vaults multiply in towns. They should be of cement and cleaned out regularly twice a year. This offal contains much nitrogenous matter that farm lands need. Lime or dry earth will be found the best disinfectants and deodorizers. Kali permang, is also valuable at times. The old-fashioned "cess pools" or reservoirs for sewage should not be tolerated anywhere to-day. The most sickly time in a town is when it is not able or wise enough to build sewers. Just how to build them to get sufficient outfall, and keep the expense down, is a practical problem, and one often postponed from year to year. The same is true of the water supply. I know a growing city that is suffering from a sickly reputation because the water company will not go a few miles and get a pure water supply. The city should control the water and sewer system.

Pullman, when small, let its sewage flow into a cistern and pumped it onto a farm, as is done in Edinburg and other cities, but frost and a large influx of sewage compels the use also of another outfall. Every growing town or city must devise its own system of sew-

age disposal. Usually temporary methods are preferred. Better build a system twice the size now necessary and issue bonds to be paid by future citizens. It will be cheaper and better in the end.

Ventilation needs educated attention. Sewers may be ventilated in the street or in the yard, or from the water closet and kitchen, or both. Warmth aids circulation, and house drain ventilation is most satisfactory.

The water closet has been a great source of sickness by sewer gas. How to trap the outflow and get a convenient closet has taxed the ingenuity of makers. The washout double-trapped closet is made in various forms and seems to be most satisfactory. Physicians should be posted here so as to advise wisely.

Two other sources of house pollution may be noticed. Furnace and illuminating gas are deleterious if they escape. Throw an old rubber shoe into the furnace. If the odor is detected you may be sure that coal gas also escapes. If the gas pipes leak, as they often do, sickness results. The physician needs a good nose, trained to detect sewer gas, coal gas, or illuminating gas, and to prescribe the remedy—the cheapest and best.

A cellar is often the cause of ill-health. In most warm countries houses are set upon posts. In the north all the cellars and basements should be cemented. Edison promises a cheap Portland cement. A hint from the physician on this point to the house-builder will reflect credit upon his sanitary knowledge and forethought.

The inspection of house and factories, etc., the suppression of nuisances, the questions of quarantine and isolation of contagious cases, health wards and reports, milk and water analysis, garbage disposal, etc., etc., are other problems not elaborated that the health officer and public sanitarium must meet. We have not time to consider them here. They belong to the duties of the commissioner of health.

The prevention of disease by wise sanitation, as illustrated in Havana, is coming to be recognized as a distinct science. This should be taught as part of a complete medical education. If not given in an undergraduate medical college it should be taken up as a post-graduate study and mastered in all its details, of which the foregoing is a brief outline.

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Editorial.

THE INSTITUTE.

The much discussed meeting at Richfield Springs has come and gone. Rarely has the annual meeting excited so much talk beforehand and rarely has more important and far-reaching business been transacted.

The general impression which seemed to prevail previous to the meeting, that the attendance would not be large, was confirmed. Still the list of well known names and active workers was about the same as in previous years. On the roster stood, as of yore, such familiar names as McClelland, Kraft, Kinne, Smith, Dudley, James, Comstock, Chase, Runnels, Delamater, Pratt, Lewis, Jones, Walton, Custis, Kinyon, Wood, Aldrich, Gatchell, Bigger, Sutherland, with many other equally prominent and faithful stalwarts whose faces are always seen as each year goes by, and conspicuous from their absence were many names that appear elsewhere on the roll of fame with Dunham, Her-

ing, Hempel, Lippe, et al., and the other old pioneers and war horses who not only bore the hardships and wars of strife, but who helped rear the structure of Homeopathy that stands to-day their ever enduring monument.

Richfield Springs was all that need be desired for a place of meeting. The weather was cool and the surroundings delightful. There was little by way of sight seeing, but that was more than made up by the pleasant social program. Some think there would have been more to sing the refrain, "Put me off at Buffalo," but it was easily apparent, that no matter where the Institute convenes, the occasion will be one of enjoyment. As we look back over the yearly gatherings of the society, they seem to mark places of delightful rest, where everybody compared notes, made merry, took refreshment, and renewed his courage for the next stage of his professional journey. This last was no

exception, and those of use who sought only rest, pleasure and knowledge, came away well satisfied.

Most important of all, perhaps, was the action taken upon the recommendation of the committee appointed for that purpose, toward reorganization of the Institute and its work. At the Newport meeting the writer offered a resolution intended to preserve intimate relations between the Institute and its various sections, which was cordially adopted. But at the following meeting in Detroit in '96, the organization of the O. O. and L. Society made it apparent that changes were impending that would emasculate the Institute section and bring about the segregation that the Newport resolution was intended to obviate. At Omaha, the writer was chairman of the O. and O. section, and after attending the O. and O. Society meeting at Chicago, en route, it became evident to him that that section at least was superfluous, and an effort was made to have the Institute take action regarding it. A committee was appointed, but for some reason, no report was ever made. The Institute would not "get a move on" until nearly all its "sections" had been emasculated by separate societies, which met practically at the same time and did the same work as the "sections," but did more and better work than the "sections" had ever done. It took five long years for this professedly liberal, progressive and enegetic body to discover its nakedness—that it still stood erect, but a tree without branches. How much longer it would have lived, anyone familiar with the course of nature, may determine.

However, with the opening of the new century at Richfield Springs, some of the drivers got their eyes open, and the wheels of progress were set in motion, and took several lively turns in spite of the few who dragged, but were carried along with the pushers. Then

in one irresistible stride forward, the Institute amended both constitution and by-laws, and adopted a federal system abolishing "sections" and creating "sectional societies," with individual organization, officers, work, and reports, their members being necessarily members of the Institute, each forming part of one great compact whole, the parent body, and all centralizing about the one essential idea, homeopathic materia medica and therapeutics.

Instead of sectional reports, as formerly, the Institute transactions will embody the sectional societies' reports; one payment of annual dues will cover all; there will be one time and place of meeting; and instead of segregation there will be aggregation. All this is in spirit with the times, and it is hoped and expected that the next meeting will see the sturdy old trunk with its branches all restored, in full leaf and blossom, and "flourishing like a green bay tree."

The retiring officers are to be heartily commended for their zeal in the work of securing new members for the Institute last year—a large number were added at Richfield Springs, and although the retiring president seemed in his annual address rather "short" on optimistic prophecies for the new century, his hustling knickerbocker qualities are well-known and recognized, so that he may be counted on to do his share in realizing the large, fond dreams we all indulge. The Institute may still expect also to profit by the ripe experience and robust characteristics of the retiring secretary, who has served it so long and so well.

The present officers and Executive Committee are all men of purpose and action, and the interests of the Institute will surely not suffer in their keeping. The selection of the next place of meeting was left to them, and they will take time to decide wisely and well for the interests of the society. Their tender-

foot brethren will doubtless be welcome to the sunny skies, the balmy air, the boundless prairies, the waving fields, and the healing springs of the young and verdant, but genial and open-handed, great Northwest, which is clearly entitled to the next meeting, the

last three having been held in the extreme East.

The officers for the ensuing year are as follows: President, James C. Wood, of Cleveland; General Secretary, Charles Gatchell, Chicago; Recording Secretary, Wilson A. Smith, Chicago, and Franklin T. Smith, Treasurer.

MacL.

Practical Midwifery—Walcher Position in Labor.

By T. GRISWOLD COMSTOCK, A. M., M. D.
Ph. D., St. Louis.

I wish to call attention to a simple, handy and practical posture in labor, that any accoucheur can avail himself of, and one which will materially assist nature in the completion of a spontaneous delivery. This position is one where the pelvis while resting upon a flat surface is brought to the edge of the same, the legs hanging pendant, thus extending the pelvis upon the spine so as to enlarge the measurements of the birth canal, whereby its capacity is materially increased. This position lengthens the conjugate diameter of the inlet, enabling head to pass more readily through the superior strait into the cavity of the pelvis, and, later to relax the perineal structures, lessening the risk of rupture, and facilitating the final delivery of the head.

This hanging leg position has been tried by many obstetrists, and found to materially assist the woman in delivering herself. It is also an efficient aid when the forceps are applied, especially when the "high forceps operation" is required. It has the sanction of the most experienced operator, Professor Leopold, of Dresden, in whose clinic, as I have been informed, women are postured a la Walcher, with legs pendant, during the first stage of labor before the head has passed the brim; in such instances this position lengthens the conjugate of the inlet, giving the head more room to pass down. With

this increase in the diameter of the conjugate, a decided advantage is gained, and sometimes when the head is arrested at the brim, and the exceptional operation of applying the forceps—the "high operation"—is found necessary, before we can adjust the forceps the head passes the superior strait spontaneously, greatly to the delight of the operator.

After the head has passed the superior strait into the pelvic cavity, the first Walcher position must be changed, the legs raised and flexed, resting upon the abdomen. The reason of this is, the forcible extension of the legs (as we have already stated) increases the conjugate of the inlet, while at the same time the antero-posterior diameter of the outlet is lessened. Remembering these facts, when the head reaches the outlet of the bony pelvis, the legs, as we have stated, should be raised, and the head can pass the outlet with the woman on her back in the lithotomy position. The tilting of the pelvis while the woman is in this position—although narrowing the conjugate of the superior strait—will increase the antero-posterior diameter of the outlet. At this stage of the labor, as soon as the head passed the tip of the sacrum, we place the woman once more in the original Walcher posture. The legs should now hang pendant, so that the integument of the buttocks and all the perineal structures may become relaxed, and allow the head to be born without endangering the perineum.

Any obstetrist who will avail himself of the Walcher posture will be greatly

gratified with the result, and find the progress of spontaneous delivery decidedly facilitated. Walcher's proposal is mentioned in the latest works upon obstetrics, and it may be accepted as an advance in the obstetrical art. But in looking through the history of medicine an old print has been discovered in Italy, made by Scipio Mercurio, dating back to 1601. This print is really an illustration of the Walcher position. We mention the fact not to disparage in the least the labors of Professor Walcher, for without him it might have been forgotten.

Indeed, the saying that "There is nothing new under the sun" is frequently confirmed, and it was a trite aphorism of Sydney Smith, who said: "It is not the first man that says something valuable who deserves the credit for it, but he who says it so loud, and so long, that at last he persuades the world that it is true."

Dr. Parvin, in his classical work upon obstetrics, says that in 1793 a physician in Venice also advocated this identical Walcher position. He probably had learned it from Scipio Mercurio's description a century previous. I will now summarize the sequences of the Walcher posture, and specify when, and where, it may be advantageously resorted to by the accoucheur. When the head is arrested at the brim or superior strait, legs down, Walcher posture; when it arrives at the outlet, legs up and flexed upon the abdomen—lithotomy position. When the head is pressing upon the perineum and distending it, legs down, until the delivery is accomplished. Practitioners will find these several postures to materially assist any lingering labor, and they may be made available when the forceps are to be applied.

Another position, known as Trendelenberg, frequently employed by gynecologists in certain laparotomy operations, may be advantageously resorted

to by the obstetrist. It is practical in prolapse of the funis, in cross birth and when turning is necessary.

Rigidity of the os uteri. This is a condition, or an accident in labor that will even annoy an experienced practitioner, where he meets with a woman who has strong pains which seem actually agonizing, and they have already lasted several hours, but no advance of the child is made. Upon examination, the accoucheur finds a head presenting with but a small os, that seems to be rigid, and painful when he tries to insinuate his index finger within the same. The bag of water being still intact, the pains are infrequent, and the sufferings of the woman so excessive that already, early in labor, she begins to show signs of exhaustion. It is an axiom in midwifery practice which should always be borne in mind, that it is the length of the labor that especially threatens the safety of both mother and child. Here we have a case of great suffering, and the patient and the friends are imploring the attendant to give chloroform to ease the pains.

Before the completion of the first stage of labor, as a rule, it is not well to administer chloroform; but the indications are here to assist nature in dilating the os and cervix. Several plans have been proposed to relieve this difficulty. A hot sitz bath, hot douches against the os, rectal injections of hot water are well to try, and they are sometimes effectual, but in some cases they are mere placebos. Next, certain remedies, e. g., gelsemium, belladonna, viburnum prun. and chloral are administered; sometimes they act charmingly, but they cannot be depended upon. Cocaine, 5 to 6 per cent solution, locally to the os and cervix, will sometimes greatly soothe the excessive pain of the woman and give the parturient a little ease and rest until the os dilates.

Digital dilation is often resorted to, and all these therapeutic measures must

be applied with the strictest aseptic precautions. Steel dilators and incisions have been recommended by some authorities; in our experience we have never had to adopt such means. Next, Barnes' dilator and Braun's colpeurynter have been used by many obstetrists with good effect. In the experience of the writer, we have used with the best success, the bag of Champetier de Ribes, Maclean's double hydrostatic bag, and Braun's colpeurynter. These three instruments are appropriate, and all have their place in practice, but we have found Maclean's double bag the most efficient of all. This device is really two of Barnes' dilators cemented together, making a double bag that can effect the greatest amount of dilation; it is introduced and one partition is filled with hot water to its fullest capacity.

After the lapse of an hour (perhaps longer), the os has already given away and has enlarged; now, the other half of the bag may be distended to its fullest capacity, and finally a practical dilation of the os and cervix will have been gently and safely effected. The uterine pains will now be increased, and if the os is already enlarged to the size of a dollar or more with a head presenting, it is proper to rupture the bag of waters.

A case may exceptionally happen of spasmodic rigidity of the os and cervix, where the parturient is in such a state of irritation and exhaustion, the result of excessive labor pains, that it will be found necessary to administer ether, chloroform or chloral. In such a case when the os and cervix suddenly dilate, and the expulsive pains are still very strong, or even increasing in activity, the progress of the delivery may suddenly become so rapid as to endanger the perineum. Such instances are by no means unfrequent in practice, and as the head passes the perineum, it may be rigid and not yield properly—here

hot cloths, vaseline, and properly directed manual support from the accoucheur may pilot the head through safely. But, if the vulvar circle becomes greatly stretched, and is liable to rupture, in order to protect it from a rupture, which will be an antero-posterior tear through its raphe, a little operation is necessary.

Lateral incisions are to be made on each side of the lower quadrant of the vulvar outlet, and this relief to the extreme tension of the perineal circle will allow the head to pass without further delay. Lateral cuts made in the vulvar circle of perineum heal much easier than a traumatic tear antero-posteriorly, as is the usual direction of a perineal rupture. This little operation, known in obstetric surgery as episiotomy, is not mentioned in English textbooks (with one exception, in Fothergill's recent work), but it is something of the greatest importance, although scarcely recognized in the United States until within the past decade. The operation has been made by practitioners of obstetrics in Germany and Austria for the past 50 years, the writer of this first learned it years ago while a pupil at the University of Vienna, in the obstetrical clinic of Prof. Carl Braun.

American Institute—1902.

At its meeting at Richfield Springs, June 18 to 22, 1901, the American Institute of Homeopathy elected the following new officers:

President—James C. Wood, M. D., Cleveland, Ohio.

First Vice-President—Edward Beecher Hooker, M. D., Hartford, Conn.

Second Vice-President—Edward Z. Cole, M. D., Baltimore, Md.

Secretary—Charles Gatchell, M. D., Chicago.

Treasurer—T. Franklin Smith, M. D., New York.

Recording Secretary—Wilson A. Smith, M. D., Morgan Park, Ill.

Registrar—Henry C. Aldrich, M. D., Minneapolis, Minn.

Necrologist—A. C. Cowperthwaite, M. D., Chicago.

The selection of the next place of meeting of the Institute was left to be made by the incoming Executive Committee. The result of their choice will be announced some time after the officers-elect have entered upon the duties of their office, which will be January 1st, 1902.

CHAIRMAN OF SECTIONS.

Materia Medica—Dr. C. F. Menninger, Topeka, Kans.

Clinical Medicine—Dr. W. H. Van den Berg, New York City.

Obstetrics—Dr. Jos. P. Cobb, Chicago.

Gynecology—Dr. H. F. Biggar, Cleveland, Ohio.

Pedology—Dr. J. P. Rand, Monson, Mass.

Sanitary Science—Dr. C. F. Adams, Hackensack, N. J.

Surgery—Dr. Chas. E. Kahlke, Chicago.

Neurology—Dr. A. P. Williamson, Minneapolis.

O. O. & L.—Dr. E. H. Linnell, Norwich, Conn.

COMMITTEES.

International Bureau of Homeopathy—Dr. J. B. Gregg Custis, chairman; Dr. George B. Peck, Dr. Sarah J. Millsop, Dr. Geo. A. Shepherd, Dr. W. W. Van Baun.

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Resolutions—Dr. B. F. Bailey, chairman; Dr. J. B. Gregg Custis, Dr. E. S. Bailey, Dr. S. S. Smythe, Dr. H. D. Schenck.

Organization, Registration and Sta-

tistics—Dr. T. Franklin Smith, chairman; Dr. F. M. Gibson, Dr. W. B. House, Dr. E. W. Mercer, Dr. John Arshagouni.

Medical Literature—Dr. Frank Kraft, chairman; Dr. Frank Elliott, Dr. T. G. Comstock, Dr. Chas. Helfrich, Dr. E. G. Cox.

Revision of the By-Laws—Dr. T. Y. Kinne, chairman; Dr. J. H. McClelland, Dr. H. P. Bellows.

Life Insurance—Dr. A. W. Bailey, chairman; Dr. Irving Townsend, Dr. W. C. Forbes, Dr. Joseph H. Ball, Dr. A. R. Griffith.

To Co-operate with the O. O. & L. Society in Improving the Materia Medica—Dr. W. A. Dewey, chairman; Dr. Geo. Royal, Dr. J. B. Gregg Custis.

Medical Examining Boards—Dr. C. A. Groves, chairman; Dr. A. Korndorfer, Dr. J. B. Garrison.

Dr. R. A. Katz, (Vratch, September 9, 1900), calls attention to the fact that Fournier, who described in detail the phenomena of hereditary syphilis, does not mention an important characteristic of this condition, namely, the persistence of infantile speech in hereditary syphilitics of advanced age. Fournier's son, in his recent work on the subject, mentions stammering as a symptom of hereditary syphilis; and among the many histories which he cites there are many cases in which there was a marked deficiency or a total absence of the power of speech. The present author reports two cases of hereditary syphilis in which the speech of the patients reminded one of the "baby talk" of infants. In commenting upon these cases he says that while he will not pretend to assert that there is a causal connection in these instances between hereditary syphilis and the infantile type of speech, such a connection is by no means improbable. Hereditary syphilis is often accompanied by retardation in the physical and mental development of the individual, and infantile speech is a result of such retardation.—The New York Medical Journal, October 20, 1900.

The fifteenth annual class for instructions in Orificial Surgery will be held in Chicago during the week beginning September 16, 1901, and will consist of a four hours' daily session.

For particulars address E. H. Pratt, M. D., 100 State street, Suite 1203, Chicago, Ill.

Max Adeler's New Stories.

Twenty-five years ago, when "Elbow Room" and "Out of the HurlyBurley" were the successes of the day, Max Adeler suddenly ceased writing. For a quarter of a century he was proof against the blandishments of editors, but within a few weeks he has completed a new series of humorous stories which show him at his best.

"Tales of Old Turley," which will appear in early numbers of The Saturday Evening Post, are wonderfully droll stories of the quaint characters in an old-fashioned country town before the war.

Local politics, school committee fights, church squabbles and women's clubs lend themselves admirably to Max Adeler's humorous touch, and form the basis of some of the cleverest stories that have been written for many a day.

The new catalogue just issued by the W. D. Allison Company, manufacturers of physicians' office furniture, exploits the improvements made in their new No. 34 table pattern. One of the most attractive of the changes is the device by which the trays may be swung to the side of the operator without revolving the leg-rest. The value of this is readily seen.

The book handsomely indicates the perfection to which the building of physicians' appliances has been brought,

and reflects great credit on the firm sending it out.

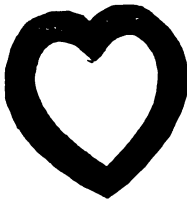
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The Pan-American Exposition, May 1st to Nov. 1st, 1901, at Buffalo, N. Y., U. S. A., cannot be more safely and readily reached than by the Grand Trunk Ry. System. This is the most picturesque Pan-American route to Buffalo and all lovers of beautiful scenery will be more than pleased with a trip over this road.

To Our Subscribers.

Through error of the printers the cover of the June number of the Counselor was dated July. The date should have been June as appeared on page 133 of that issue.



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The Medical Counselor.

THE VAGINAL INCISION IN PUERPERAL SEPSIS.

By SHELDON LEAVITT, M. D., Chicago.

Read before the Wisconsin State Society.

With a single exception my puerperal vaginotomies have been made on consultation cases; my own private practice having been singularly free from septic symptoms. This I say in no spirit of boastfulness, but merely by way of explanation.

Most of these cases, which now number about a score, have had pus in the pelvis; and for this the incision was made. The old rule to evacuate pus whenever and wherever found is a good one, whether following delivery or not. We used to make puerperal cases with pus in the pelvis an exception to the rule, under the impression that interference with them was peculiarly hazardous. It is true that inflammatory action of a threatening type in puerperæ is commonly streptococic in origin, and, in view of the existing conditions, is peculiarly fatal. Yet the resulting pus, if given an early exit, even at the expense of strenuous surgical effort, will be robbed of a large part of its power for evil, and is thus well got rid of. For it to remain in the body usually means death. In a number of instances where a fatal result was impending and hope had well nigh gone; a posterior vaginal incision with finger dissection into the cavity of a suppurating sac, has been followed by rapid recovery. I could recite some brilliant experiences of this sort. But it is not my present design in the brief time at my command to rehearse the details of pus cases and their management. What I do purpose to say lies

in close relation to this phase of pelvic inflammation, but antedates it.

You know as well as I do that early incision of a phlegmon in any part of the body, if deeply and freely made and the wound afterwards properly drained of the resulting exudate, is a most efficient mode of treatment. The felon is an example in point. An inflammation in the pelvis, even though following labor, is no exception in the matter of good results. But you will be astonished to be told that all well-marked cases of puerperal sepsis, ushered in with a chill, the strong symptoms of which persist for more than forty-eight hours, should be treated to vaginal incision and drainage. These cases are all serious enough to justify the procedure, especially as they are probably of streptococic origin and therefore of a virulent type. There is nothing in this dictum which need to startle, since the operation itself, when well done, is relatively free from harm. I have yet to learn of a single case made worse by it.

At an early stage you are not likely to find pus, and yet the Douglas cul-de-sac should be drained for a period of varying duration. The conditions differ. In one instance the gauze should be kept in situ for forty-eight hours and in another for several days. If the incision be a free one it will not close for a number of days after removal of the drain, the cavity meanwhile being irrigated twice a day with normal salt solution or a mild antiseptic. Should

your experience be like mine you will be surprised to see in some instances the quantity of nasty fluid that drains away, with uniformly decided benefit to the patient.

At our Institute meeting at Richfield Springs, just over, I was much gratified to learn from Dr. L. L. Danforth, of New York, that he is treating puerperal sepsis in this manner, with better results than he had theretofore obtained. I commend it to you, as I would any other approved operation, to be employed under the strictest antiseptic precautions, by one well versed in surgical technique.

The operation itself consists of a

transverse incision just behind the cervix, opening up Douglas' pouch. It should be carefully made, all parts thoroughly explored with the finger, and every possible pus sac broken into. Should no pus be found the gauze drain may be at once inserted. In a pus case the cavity would better be washed out with salt solution before introduction of the drain. If there has been an abundance of pus, a rubber drainage tube, wrapped about with gauze, may be preferred. A vulvar pad completes the dressing.

I am also much in favor of intravenous infusion of a normal salt solution in markedly septic cases.

PRELUDE TO THE PARTURIENT CHAMBER.

By S. J. D. MEADE, M. D., Cincinnati.

Read before the Ohio State Homeopathic Society.

Several times I have been accosted on the street by a stranger, asked if I were a physician, and would I please go to a certain house to see a woman in confinement. These are emergency cases which one can scarcely refuse to attend, but being an entire stranger to the patient and all parties concerned, it is certainly very embarrassing. In one of these cases of which I speak, the woman gave birth to twins, a boy and a girl,—one child was born when I reached the house, and cervix and perineum were both badly lacerated. The woman had puerperal eclampsia, and a few days after the child was born parturial sepsis, making a very slow and unsatisfactory recovery. She named both the babies for me, but when I sent my bill for services rendered it was utterly ignored, and when I insisted upon its payment they said they were quite surprised and thought the honor of the namesakes and the wonderful amount of experience I got out of the case ought to more than compensate me for my expenditure of time and energy.

The physician who assumes the responsibility of engaging himself to a patient in confinement should by all means, if possible, become well acquainted with this patient, knowing her discrasias, peculiar idiosyncrasies, etc. This will enable him to formulate a form of prophylaxis against complications which might arise, before, during or after labor.

Early in my practice it was a common occurrence not to see my patient until labor was well on, but I gradually educated my patrons to engage me a few months after conception has taken place. In some instances it takes a good deal of emphatic talk to bring them to believe that it is necessary for the physician to see the patient before labor begins.

The tendency among multiparæ is to dally along to the end of the term, attributing any unpleasant sensations to the fact that they are pregnant, having experienced something similar before and hoping to be all right when delivered. Delivery at last comes, and with it puerperal eclampsia, the patient not

having known the premonitory symptoms of this disease. If her abdomen is unusually large, she and her friends decide she is going to have twins, or is carrying too much water. If the ankles, wrists and face are swollen, they think she is getting fat all over. They don't know that since her last confinement there has crept insiduously upon her a case of chronic nephritis or that she has developed an abdominal tumor.

The primipara is timid, possibly has never been sick since she had the measles, has no regular physician to talk to and anyway is inclined to keep the matter of her pregnancy a state secret as long as possible. If she has needed any treatment so far she has treated herself, and of course made a botch of it. She has been very much constipated, has taken figs, compound licorice, Lincoln Tea, Garfield Tea, mandrake pills, Upjohn's pills, and cascates, until she enters her first labor sick in body, sick in mind and sick in soul. Her whose venous system is heavily engorged and surcharged with fetal detritus, a condition unfavorable to a rapid and complete involution of the uterus, so absolutely necessary for her comfort in the months and years to come after her delivery.

The child in utero is almost as much in danger as the mother. Many fetuses have been sacrificed by operative measures consequent on the absolute necessity of rapid delivery. Very many children have been weak and puny all through life simply because their mothers failed to consult a physician before they were born. There are numerous morbid conditions brought about by conception. In fact, no other physiological event in the life cycle of women is accompanied by so many dangers as conception; for almost from the very day this occurs until the end of term and beyond the end of term, is the patient exposed to a series of disasters

which may end, who knows, in permanent deformity or may be in death. Hence the evil chances of the antepartum period should claim the close attention of the physician, for they are not only dangers per se but they greatly modify the prognosis of the coming labor and the puerperal state. The accoucheur should see his patient at least midway the period of gestation. Have I definite plans as to what I will say and what I will do on my first visit? Get a detailed history of the case, inquiring for deviation from health which might be caused by pregnancy, measure the pelvis, take her temperature, arrange for a sample of urine to be sent to the office, give instructions as to her mode of living, posture of the body, dress, food, drink, sexual indulgence (this should be left to the patient herself), tell her about the making of clothing for the baby. I make no vaginal examinations unless I find on external measurement of the pelvis a contraction or deformity or symptoms which tell me of some abnormal condition going on in the birth canal.

The fact as to whether or not the patient is pregnant is entitled to a great deal of consideration. We all know that the very best of obstetricians have been deceived by the paranoiac woman stimulating pregnancy, yes, even parturition. Pseudocyesis and pseudotocia are conditions which resemble pregnancy and beginning of labor and many times require clear discriminative powers to make a correct diagnosis.

I shall never forget a sad experience I had on this score in the fifth year of my practice. A woman 46 years old sent for me to come to see her. When I went in she said, "Well, doc, I am not sick, I just want to engage you to confine me." I was in a hurry and did not care anything about this patient and said, "All right, Anna, whenever

you need me just send for me," and walked out. She stopped me, saying, "Don't you think you had better examine me and see when I am going to have the baby, or whether I am going to have it at all?" I thought that I knew she was not pregnant. She had no husband and never had had (but a husband is not an absolute requisite to an issue of this kind). I said, "No, Anna, you are old enough to know all about such things," and away I went. Sure enough in a few days she sent for me. My brother Charles was a student in my office at that time, and of course like all students was anxious to conduct a labor case. I decided to play a practical joke on him, so told him to take entire charge of this case. He spent almost the entire time of three whole days and three whole nights with this woman, coming home now and then to report to me, read up on the case and ask me a lot of questions. I answered them all in true Yankee style—by asking him one in turn—and at last told him if he were half as plucky as I thought him to be he would get through with this case without the assistance of any one. On the third morning about 4 o'clock he came home and told me that he had just delivered Anna of a great big boy. I never was more surprised in my life, but was thoughtful enough not to tell him the trick I meant to play on him, but I had told some friends all about it while he was with the case, and it was too rich to keep, so they told Charles, and he has, figuratively speaking, held me at arm's length and flayed me time and again over the way this joke turned out. So you see *experience* has taught me to want to know if the patient is really pregnant.

We must determine whether the impregnation be uterine, tubular or abdominal. Get her age, number of children, period of gestation, and don't overlook the peculiar idiosyncrasies of

the old women in the neighborhood. One of the most serious complications of gestation is the gossip of the old women relative to maternal impressions. They offer advice and suggestions which make the patient panicky in the extreme. All this talk is annoying to the physician, yet if he can manage to keep his hepatic sells active there is a very funny side of physic in it. There is nothing more amusing to me than to have a country woman who has more money than sense come to the hospital to be delivered. She comes early and stays late, brings her husband and her mother, and has her minister hold himself in readiness to come on the first boat when a pain strikes her. And of course by the time the boat reaches the city the storm is all over.

The urine should be examined at least every two weeks after the fifth month, especially if albumen is found, and the less I find the more diligent is my search, for puerperal eclampsia does not always depend upon the large amount of albumen in the urine. It has not been definitely determined how the different poisons are eliminated through the kidneys, nor has it been positively demonstrated that it is the albuminuria per se or uremic poison that kills the patient. There is too much advice given to induce premature labor. Don't crave the blood of this fetus because he is a little fellow and cannot protect himself. If physicians must murder let them jump on some fellow of their own size or class. I am quite sure I have delivered cases that had every symptom laid down in our text books and medical journals for the induction of premature labor, and saved both mother and child too. No careful obstetrician will let such recommendations pass unchallenged.

As to thermometry, I repeatedly take the temperature of my patients, but must say I have never found a temperature wave of any great clinical value.

Pelvimetry is one of the most important and the most neglected of all precautions. 'Tis true that only about two per thousand have pelves so small, flattened or otherwise distorted as to render it impossible for the average sized child to be born alive in the natural way; yet one woman in about fifty has a pelvis sufficiently contracted in some way to embarrass delivery, if indeed not to endanger the life of both mother and child. And in nearly every instance the impediment may be discovered by external pelvic measurements.

Measurements of special value are the distance between the anterior superior spines of the illii—10 to $10\frac{1}{4}$ inches; that between the crests of the illii— $10\frac{1}{2}$ to 11 inches; that between the trochanters 12 to $12\frac{1}{4}$ inches; and that between the spinous process of the last lumbar vertebra and the center of the anterior surface of the public bone 8 inches. These external measurements give us a relative idea of the internal. I do not make internal measurements unless I am pretty sure from my external examination that there is deformity enough to cause very great impediment to the passage of the child through the birth canal. The last named, the external conjugate, is the most important. By deducting three inches from it we get the true conjugate, i. e., the diameter of the pelvic inlet or the distance from the upper margin of the pubic symphysis to the promontory of the sacrum.

Within the last year I have measured the pelves of between three and four hundred women, the maximum being $11\frac{1}{2}$, $12\frac{1}{2}$, 13, 9; the minimum being 9, $9\frac{1}{2}$, $10\frac{1}{2}$, $6\frac{2}{3}$. The height and general frame of the body is said to determine to a certain extent these measurements, but I have had ten to twenty women brought into the delivery room, measuring thme one after another, women of all sizes and all shapes, so to speak, and found the pelvic measurements did not vary more

than one-half inch in any of them. The smallest true conjugate through which a seven-months child may be delivered is said to be 2 36-100 inches. The fetus itself may be measured by placing one point of the instrument in the culdesac of Douglas and the other on the abdomen of the woman. By this measurement it can be determined rather accurately wether or not the fetus can pass through the birth canal.

I have been told by physicians the reason they did not practice pelvimetry is that their patients object to such exposure. The patient is covered with a sheet, and instead of raising an objection she will consider that you are a careful, considerate physician who takes every precaution for the safety of his patient in confinement.

By palpitation we may ascertain the presentation and the position of the fetus in utero. If there is a great deal of adipose tissue and a large amount of water, it is sometimes difficult to determine the position of the child, but the stethoscope will in most instances decide this matter. At this point count the fetal heart and tell the patient the sex of the fetus. If less than 140 we expect a male child to be born; if more than 140, a female. This is a little matter of no vital importance, to be sure, but on which the physician must be very guarded. I once formulated a plan to protect myself in the cases, but have never resorted to it. Keep a little memorandum book; when you make the examination write "Mrs. W. H. Williams, to be delivered June 1st, male child." That is when the count is more than 140. Mrs. Williams will remember the count of the fetal heart and that she is to give birth to a female child. When the baby is born, if it is a girl, well and good, your diagnosis was exactly right and you are a great man. If the baby is a boy, take out your little memorandum, show Mrs. Williams that in her excitement she misunderstood you, that she saw you make the entry in the book—a male child. There are tricks in all trades but the doctor business.

I would admonish the general practitioner to observe especially four things: Practice routine pelvimetry, make repeated examinations of the urine, be conservative as to the induction of premature labor, and keep as far as possible the surgeon out of the parturient chamber.

A WORD ABOUT PLACENTA PRAEVA.

By J. C. GIBBS, M. D., Crown Point, Ind.

Read before the Indiana Institute of Homeopathy.

Uterine hæmorrhage occurring in a pregnant woman will likely call to mind abortion or miscarriage, placenta prævia, hydatidiform mole, cancer of the cervix, or nephritis as the most probable causes.

If the hæmorrhage has occurred suddenly near the close of gestation, without adequate cause and unaccompanied by pain—perhaps waking the patient from sleep—the probability of placenta prævia will strongly suggest itself, together with its possible complications and dangers.

An accurate diagnosis must be made as quickly as possible, always bearing in mind the necessity of securing and maintaining the most rigid aseptic conditions; for nowhere is a sepsis of more vital importance than in placenta prævia. Even when the urgency of the case is very great, we can at least order a douche of hot lysol solution and a hurried scrubbing of the external genitals and surrounding parts with the same solution, while we proceed quickly to cleanse the hands as thoroughly as circumstances will permit. The cause of hæmorrhage must then be ascertained by a careful digital examination.

If the cervix be soft and boggy with many pulsating vessels, carcinoma can at once be excluded; but not until the finger has entered the os and detected the peculiar "wormy feel" of a placenta or outlined its thick edge projecting over the os, can the existence of placenta prævia be established beyond a doubt. If the case be hydatidiform mole, these characteristics will be lacking and the uterus will be found disproportionately large for the duration of the pregnancy and there will usually

be a history of pinkish watery discharges.

Nephritis may be determined by excluding the other conditions, and by the history of headache, neuralgia, nausea and vomiting, perhaps diarrhoea, and last but not least, by an examination of the urine. The symptoms and signs of abortion or miscarriage need not occupy our time now.

But let us not be deluded by the belief that placenta prævia causes hæmorrhage only near the close of gestation; for it may occur at any time from the end of the third month of pregnancy, or even earlier, till labor is actually under way. Indeed the beginning of labor is often the exciting cause of the bleeding.

If the hæmorrhage has ceased spontaneously or is slight and the woman shows no ill effects from it, we may take plenty of time to provide ourselves with all necessary assistance and means to meet the condition successfully; for, in a case involving so much responsibility, the attendant should neglect nothing that will enable him to do the right thing at the right time. All details as regards the presentation and position of the child and its viability, the condition of the mother and the exact location of the placenta, together with the variety of implantation should be ascertained so far as we are able; but if the woman is already ex sanguine or has a pulse rate of one hundred or more and the hæmorrhage still continues, we must act quickly and wisely.

Now, by bearing in mind that placenta prævia implies the implantation of the placenta in whole or in part in the lowest three inches of the uterus,

and that the bleeding is the direct result of the separation of the placenta from the uterine walls when the latter are unable to retract and close the torn vessels, it will appear that to prevent this separation or to compress the torn vessels is to prevent and control the bleeding. Further separation of the placenta is most readily prevented by making a wide opening in the membranes and thereby removing the tension to which it is subjected. Then if the conditions are favorable, and the head, the breech, or a thigh can be made to enter the opening and form a natural compressing wedge the bleeding may be permanently stopped and no further interference be necessary. But if the os is not readily dilatable or the presenting part of the child crowds the placenta down and thus by separating it from the uterine wall still more causes a renewal of the bleeding, the best method is to introduce the dilating bag of Barnes or the colpeurynter or some other suitable compressing or dilating apparatus and leave it there until the uterus expels it spontaneously, when, if a suitable presenting part enter the canal, the case may be left to nature, or the forceps may be applied, or, if the presentation be unfavorable, resort may be had to podalic version.

Sometimes all that is necessary is to sweep the finger around between the uterine wall and the placenta so as to separate them to the height of three inches or even less, when the hæmorrhage will cease and allow time to restore the collapsed woman or to complete other necessary preparations.

In case, however, the cervix is thick and unyielding, it may be necessary to dilate somewhat before rupturing the membranes and finish the dilatation afterward by means of the hand or the dilating bag and then perform version, when the exigencies of the case will determine the best course to pursue.

Should the interests of the child demand and the condition of the mother permit it, rapid extraction may be effected, taking care not to act too hastily lest by lacerating the uterus fatal hæmorrhage supervene. Whenever placenta prævia has caused hæmorrhage in the first seven months of pregnancy it is pretty good practice to disregard the interests of the child altogether and to deliver the woman as quickly as good judgment will dictate, because the risks to the mother are too great and the chances of saving the child are so small as to be practically valueless. After the seventh month, however, the interests of the child should receive due consideration, as if delivered without too great injury its chances of survival are nearly as good as at term. Here is where the physician's coolness and good judgment will count the most. To do just enough at the right time and to refrain from doing too much at any time will make all the difference between saving life and taking it. Of course with a dead child, the mother's interests alone are to be considered.

The variety of placenta prævia will not alter the principles of treatment; but it may add to the gravity of the situation, as in central implantation, hæmorrhage will likely occur earlier and be more severe. But even here the indication is the same: to check the loss of blood by rupturing the membranes freely. In order to accomplish this it may be necessary to perforate the placenta, and then, if the cervix be sufficiently yielding, to bring down a foot; but, if not, the dilating bag should be used. Here also we may derive advantage by separating the placenta from the uterine wall with the fingers. When, however, we remember that placenta prævia centralis is largely a matter of definition and occurs rarely when proper care in diagnosis is taken, many of its horrors will vanish. If we define the condition as existing only when the

placenta covers the completely dilated os, it will be found very seldom.

An accurate diagnosis of the location of the placenta will often help the operator to determine at what point to direct his efforts in rupturing the membranes; for, if the head can be felt well down in front with apparently nothing intervening between it and the anterior uterine wall, it is obvious that in seeking the most accessible place to rupture the membranes, the fingers should be directed behind the symphysis and up along the anterior uterine wall until the membranes can be reached.

The dangers of placenta prævia are those to the mother and those to the infant. The dangers to the mother are first, from hæmorrhage, and second, from sepsis. Hæmorrhage may occur before or after the birth of the child. The first results from detachment of the placenta when retraction of the uterus cannot occur, and the second may be due to laceration of the cervix, to inertia uteri, or to an adherent or succenturiate placenta. The hæmorrhage resulting from laceration will occur immediately after the birth of the child, indeed, will probably accompany it into the world; while that caused by uterine inertia may appear before or after the removal of the placenta.

Septic infection may occur at any time from the first digital examination till involution is far advanced. Hæmor-

rhage conduces to sepsis first by weakening the patient and lowering her powers of resistance and second by stimulating absorption. In addition to the reason just stated, septic infection is more frequent than in normal labor because more manipulation is necessary, because the cervix is frequently lacerated in hasty deliveries, and because the placental site is nearer the vaginal canal. Bearing in mind that as many women die from pyæmia and septic poisoning as from hæmorrhage, it will be seen that no pains should be spared to guard against this most dangerous and fatal complication. All cases requiring much interference should, in addition to the usual careful disinfection previous to the completion of labor, receive at its close a thorough intra-uterine douching with some hot mild antiseptic solution, such as two per cent lysol or creolin, and when some hæmorrhage continues after the uterus has been emptied, the hot douching should be continued until the water returns clear.

The dangers to the infant are ante-natal and post-natal. Ante-natal death often results from asphyxia caused by maternal loss of blood or by compression of the cord; while post-natal death may be due to injuries received during labor, to premature labor, to abnormal presentation, to prolapse of the cord, or to the want of proper maternal nourishment.

SCHOOL CHILDREN AND SCHOOL HOUSES.

BY V. H. HALLMAN, M. D., Hot Springs, Ark.

Read before the American Institute of Homeopathy, Richfield Springs, N. Y.

I do not presume to startle you with results of profound scientific research, but, in presenting this paper, I feel that it is old material and that you have all heard, read or thought the same thoughts. The ideas may be old, and yet, if of value, are immeasurably short

of realization. The old axiom of "Keeping everlastingly at it" applies as forcibly in the effort to secure school necessities as in many other of life's affairs. Having been a member of the Board of Education for several years, I state what I consider to be some of the most

essential conditions in order to have and maintain an ideal school system.

To have a great nation, the very great majority of its population must consist of men and women of great qualities, and in order to be great they must be well founded morally and physically. In order to build a structure that will weather the storms of ages, we must exercise the greatest pains in selecting the most substantial rock material for the first and deepest layers of the foundation, and this principle applies with even greater force in the building of character and education. The primary department is the stone upon which the whole structure necessarily rests.

In the process of important public structures, it is customary to have public ceremonies when the corner stone is laid. In the child's career we have the first public demonstration when graduating from public or high school. These are points between the foundation and superstructure, the primary department and college days. I would suggest demonstration and public ceremony with the opening of primary department, with the beginning day of the child in school.

Now is the opportune time to enthuse the public and impress patrons with the importance of proper beginning and favorable environments. Now is the time to acquaint them with the rules and requirements. One of the first and inflexible requirements should be freedom from tubercular or infectious diseases. Of equal importance should be the demand for cleanliness; no admission unless absolutely clean every day. Poverty is no excuse for filth. Demand plenty sleep, and suggest wholesome food in proper amount; positively prohibiting social excess, tobacco, coffee, tea, profanity and improper literature. Cultivation of moral tone and personal pride stimulates and broadens the intellectual faculties of the

child and youth, and if schooling must end with high school, or perchance with seventh or eighth grade, on this foundation the equipment will be fairly good to fight life's battles.

What sort of accommodations are the children entitled to, in order to favorably develop and maintain ideal qualities?

Is real estate to be valued above moral and physical development and intellectual attainment, and consequently build towards the clouds, on blocks with wholesale houses, livery stables, jails and fire departments, or perchance in a residence portion, and in order to save the community from noise or annoyance, surround the building by a twenty-five feet high wall or stuffed fence, with scarcely sufficient room or space between the building and the fence to get around, and consequently force the children to the sidewalk and street for their playground and recreation?

If a plot of ground four hundred feet square, in New York or any other metropolitan city, should be placed at one million as a fair market value for commercial uses, what would be a reasonable estimate of value if it were to be used for the sacred purpose of moral, physical and intellectual development and the enjoyment and pleasure of your children? I believe the latter proposition would and should place it at a much higher value. I am quite convinced that you agree with me entirely.

Build more and smaller school houses, single story, not over six rooms in size, single desks, high sides of overhead lighting in order to protect the eyes from direct or confused light rays, surrounded by spacious, airy and attractive grounds. This will avoid crowding, shorten the pupils' distance, and consequently keep them under closer observation and better control of parent and teacher; will allow them to

go home for dinner, which is of vital importance to the digestive functions of children; prevent disagreeable association with strange children from distant communities; remove the injurious effect of long flights of stairs, practically remove fire danger entirely and danger from possible defective construction; will make it possible for the most perfect sanitation and prevent widespread epidemics of infectious diseases.

Who would not be filled with admiration (and at present with amazement) and express commendation at the unique but pleasing spectacle of spacious and beautiful grounds every six or eight blocks, with a properly constructed and attractive school house in the center? Such a system would raise any city to the highest plane of civilization.

NEPHRORRHAPHY RESULTS.

By **SIDNEY F. WILCOX, M. D.,** New York City.

Read before the Surgical and Gynaecological Society of the American Institute of Homeopathy, Richfield Springs.

Moveable kidney, as a prominent factor in the production of functional disturbance, has only been recognized within a comparatively recent period. When the writer presented his first paper on this subject at the annual meeting of the New York State Homeopathic Medical Society in 1892, it elicited considerable interest, and the special request was made that the same paper be read the following week at the Queens County Medical Society in Brooklyn. It was supposed at that time that moveable kidney was a comparatively rare condition, but since then it has become recognized as a very common one. This has especially been shown to be so by Pawlik, Edebohls, and other writers. In my own experience the finding of moveable kidney has become so common that I often dread to examine patients for fear that this is the cause of the symptoms of which she complains. Unfortunately, being a poor statistician, I have not kept strict account of all the cases which have come under my observation, and so, although I have had many more cases, I can only account for sixty-one of these; and of these sixty-one cases I have made thirty-four opera-

tions for nephrorrhaphy on thirty cases. By this I mean that I have operated on twenty-six cases for single moveable kidney and in four cases both kidneys have been fixed at the same operation. In the other thirty cases, supporting apparatus has been either worn or advised. In some of these the result has been so good that the patients have been quite comfortable and have decided against operation. In one case where both kidneys were freely moveable, there was excessive pain whenever the kidneys slipped out of place, and yet a complete cure seems to have been effected by the use of the belt and pad, so much so, at least, that no support has been worn for about a year.

Whenever many remedies are proposed for any disease, or many operations, or modifications of operations are offered for any surgical condition, it is an indication that the disease itself is intractable, or that the surgical operation has been more or less unsuccessful. In considering the various operations which have been advised for the relief of moveable kidney, I will say that I have never advised an operation in any case unless it was at the patients request, for the reasons that in some

cases the result has not been as satisfactory as could be desired; while on the other hand complete relief has been obtained by the use of some form of supporting apparatus. In my first operations, I made a diagonal incision downward and forward, in the costal-iliac space, going through all the tissues and dividing the abdominal muscles, dissecting the kidney out of its surrounding fatty capsules, splitting the fibrous capsule and fastening it in place with several silk worm gut sutures, which passed down through the substance of the kidney itself. In the latter operations, I have avoided passing the suture through the kidney, although the kidney is very tolerant of operative interference. The operation now consists in turning back the fibrous capsule and fastening the raw surface of the kidney against the abdominal wall and into the wound. In a number of cases I have been able to make an intra-muscular operation; that is, instead of dividing the obliques and transversalis muscles, I have separated their fibres as one would do in an interval appendectomy, and not cutting directly across any of the muscular fibres. This operation, however, is difficult; especially in patients with thick abdominal walls. And, as a rule, the kidney fastened into the wound makes a sufficient barrier to prevent ventral hernia. There is one point which I wish to make in considering the incision, which I have never seen mentioned by any writer, and that is the liability of injuring or severing the twelfth intercostal nerve, unless one takes care to avoid it. If this accident occurs, and it is very likely to occur if one does not use care, it will induce paralysis and atrophy of the muscles which are supplied by it. The question of closing the wound is perhaps a matter of some importance. In many cases I have closed the wound almost entirely with the exception of a little strip of pack-

ing for drainage, this being removed at the end of the third or fourth day, and allowing the wound to heal by first intention.

McBurney believes that it is necessary to get a large amount of cicatricial tissue between the kidney and the abdominal wall, with the idea that the cicatricial tissue will hold it more firmly and permanently in position. For this purpose he packs a large amount of gauze into the wound, leaving a considerable space to heal by granulation, and subsequent cicatrization. This procedure has been carried to a much greater extent by the younger Senn and others—but personally I have slight faith in the permanency of cicatricial adhesions; that is, I believe that their tendency is to stretch and relax and as time goes on, to be of slight value. McBurney's own operation for the relief of inguinal hernia is a case in point. And the fact that he seems to have abandoned it for the Bassini's operation, is to my mind pretty good evidence that his faith in the permanency and durability of cicatricial tissue is not very great. Therefore, as a rule, I should prefer to get as nearly as possible immediate union between the kidney and the adjacent abdominal wall. That this opinion may meet with opposition is shown by the case which I shall cite, which went to Dr. Van Lennep for a second operation, after a relapse.

It has been my custom to keep the patient flat on the back for four weeks, after an operation; and then to be about two weeks getting up and about, and to avoid any severe exertion, or exercise for several months subsequently. During this time a bandage should be worn, to support the abdominal walls.

I now propose to give an analysis of the results of thirty-four nephrorrhaphies, performed upon thirty patients, and it will be seen that by far the

greater proportion of results has been good. I have divided the results into classes, as fatal cases, relapse, doubtful, fair, and good; and by good, I mean such cases as have been completely restored to health, or in which there is such a change that the patient has been restored from a condition of chronic invalidism to one of comparative good health and enjoyment of life.

Of all the cases, two, numbers thirteen and eighteen, have died. In number thirteen, the case was one of movable kidney, complicated with Grave's disease; and I think the death was unquestionably hastened by the operation. Number eighteen died two weeks after the operation. No cause of death is known. The sutures had been removed, and the patient was apparently quite well. One morning the nurse went into her room at 6:30 and found the patient bright and cheerful. One hour later, on bringing in her breakfast, the patient was found dead in bed, having evidently died instantaneously and painlessly.

In one case there was a relapse. Case number twenty-six was operated upon last November, and left the hospital apparently cured. The wound having healed up rapidly, by first intention. Improvement continued for a time after her return home in Philadelphia; but her health began to fail again, and I advised her to see Dr. W. C. Goodno, and from him I received a letter from which the following is an extract:

"Miss B. has called upon me for treatment. I find her quite anemic, nervous, her urine albuminous, and containing a few hyaline casts, and considerable annoyance in the right side of the abdomen, especially from walking. I find the right kidney badly displaced. She tells me that you operated upon her for this displacement. Perhaps another attempt ought to be made to anchor the kidney."

As it was impossible for the patient to come again to New York, Dr. Good-

no referred her to Dr. VanLennep, who wrote me as follows:

"My Dear Wilcox: I have just had referred to me a Miss B., who was a patient of yours in New York, and on whom I believe you performed a nephrorrhaphy. Won't you kindly give me what light you can on the case? I find the kidney is loose again, as not infrequently happens, but it also gives me the impression that it is considerably larger than normal. I am waiting for a specimen of the urine to examine, and naturally want all the information I can get to settle the question as to whether I had better do a nephrotomy, a nephroctomy or harness the organ up again.

"With kindest regards, believe me,

"Very sincerely yours,

"VAN LENNEP."

I answered both of these letters, and later Dr. Van Lennep wrote to me that he had operated on Miss B. It was found that the adhesions had given way entirely. The doctor kindly wrote that the only criticism he had to make on my work was that it had been too aseptic, and that the line of cicatrices had been so narrow that it had given way. This is the only case where I have operated and the adhesions have given away, that I know of; and it may have been for the reason which Dr. Van Lennep has stated.

Case eight I put down as questionable, as the patient had not improved to any great extent the last time I saw her, about three months after the operation, when a small sinus leading down to the kidney was still discharging.

Cases twelve and nineteen I have marked as fair, because while there has been considerable improvement in the general condition, it has not been what I had hoped for. Both cases were neurotic, are of the kind which loves to nurse its ills, and hates to get quite well.

Case number three was discharged

cured from the Flower Hospital on the 29th of December, 1892. She was cautioned not to do any work or to exercise violently for at least a year, but she was very anxious to support herself and disobeyed instructions. In the following spring, while riding on a street car and holding on to a strap with the right hand, as there were no vacant seats, the car gave a sudden lurch which brought a strain upon the cicatrices and resulted in a ventral hernia. She was re-admitted to the hospital and on October 27th, 1893, was operated upon for the hernia. An incision was made in the back of the old wound, and the muscular edges freshened and reunited; kidney was found to be fixed in position and she was again discharged cured on the 9th of December. At the last hearing she was apparently well.

Case six, contrary to orders, took a position as a child's nurse, upon leaving the hospital, and was obliged to carry a heavy child up and down stairs, besides making other severe exertion. She returned to the hospital in a few months, for re-operation, supposing the kidney had become detached. An exploratory incision showed the kidney tightly adherent to its artificial anchorage.

Case twenty-four was a much operated one. On October 17th, 1899, I made an interval appendectomy; and on January 30th, 1900, I curetted the uterus, and performed trachelorrhaphy, perineorrhaphy and nephrorrhaphy—all at the same operation. She improved greatly in health until several months later, while at the seaside, the house where she was staying took fire, and she helped to carry out a typhoid patient, and has not been well since. although at the last examination I was unable to find that the kidney was loose. I will state that there are domestic troubles in this case which tend

to prevent recovery from the nervous condition into which she has fallen.

In cases twenty-nine and thirty, both had severe retroversion of the uterus, in connection with ptosis of the kidney; and both conditions were operated upon at the same time. The kidney by the usual operation, and the retroversion by Alexander's operation, with excellent results.

Case twenty-eight was abroad at a cure in Dresden for over a year, previous to the operation. It was expected that the double nephroptosis would be cured by a series of treatments consisting largely of massage and Swedish movement exercises, both active and passive. She exercised the strictest regimen for over a year, and then was told that the kidneys had become fixed. It is true that she left the cure in excellent health and was able to walk miles without trouble. But it was only a few weeks after her return home and resuming her household duties, that the old symptoms returned with such severity that she voluntarily subjected herself to the operation of double nephrorrhaphy.

In cases eleven, seventeen, twenty-one and twenty-eight, both kidneys were found loose and were anchored at the same operation, and it is curious to note that in the cases where both kidneys were fixed at the same time, the improvement in the patient's condition has been the most remarkable. The probable reason for this is the complete relief which was found from the distressing symptom caused by the mobility of both organs.

To sum up, the results of thirty-four nephrorrhaphies in thirty patients, two have died, one suffered from a relapse; in one the result was doubtful; in two the results were fair, and in twenty-four the results are good.

No.	Name and age.	Date.	Result
1	Miss P., about 40	1891	Good
2	Miss B., 32	1891	Very good

3 Mrs. D., 32	1892	*Good	22 Mrs. H.	1899	Good
4 Miss S., 32	1893	Good	23 Miss M.	1899	Good
5 Miss S., 33	1894	Good	24 Mrs. V.	1900	Good
6 Miss O., 30	1894	†Good	25 Miss C.	1900	Good
7 Miss R.	1894	Good	26 Miss B.	1901	Relapse
8 Miss D.	1895	?	27 Mrs. L.	1901	Good
9 Miss K.	1895	Good	28 Mrs. H., 2 kidneys	1901	Good
10 Mrs. McG.	1895	Good	29 Mrs. W.	1901	Good
11 Mrs. S., 2 kidneys	1896	Good	30 Miss X.	1901	Good
12 Miss F.	1896	Fair			
13 Mrs. L.	1896	Died			
14 Mrs. L.	1897	Good			
15 Mrs. K.	1897	Good			
16 Miss B.	1897	Good			
17 Mrs. H., 2 kidneys	1898	Good			
18 Mrs. G.	1899	‡Died			
19 Mrs. C.	1899	Fair			
20 Miss B.	1899	Good			
21 Miss B., 2 kidneys	1899	Good			

*Re-operated October, 1893, for ventral hernia, caused by horse car accident. Result good.

†Injured by carrying heavy child; was re-operated seven months later. Kidney not detached.

||Grave's disease.

‡Cause of death unknown.

||Strain at fire afterward.

BOOK REVIEWS.

"The Medical Examination for Life Insurance," by Chas. Lyman Greene, M. D., St. Paul Minn. Published by P. Blakiston's Son & Co., Philadelphia. Price \$4.

In the course of study prescribed by most of our medical colleges, no mention is made of the medical aspect of life insurance and the preparation of the students for this part of their future life work. The importance of a course of lectures on this subject is evidenced by the fact that life insurance companies will not give an appointment to a recent graduate.

Recognizing the need for special work along this line a few colleges have included in their curricula lectures, bearing specifically upon the requirements of the companies and the duties of the examiner. Dr. Green in his new work, entitled "Examination for Life Insurance," has covered the subject concisely and clearly; the bearing of occupation, family history and heredity upon life insurance risks being dealt with in special chapters, and are exhaustively treated. No physician can do his duty to the company for which he examines without special study, and we know of no work of equal value to this to be used as an aid in acquiring greater proficiency in the work. The

publishers have used excellent taste in arranging the subject matter in an attractive and easily readable form, and the illustrations are clear and abundant. R. M. R.

Practical Obstetrics—Third Edition—by Egbert H. Grandin, M. D., and Geo. W. Jarman, M. D. Published by F. A. Davis Co., Philadelphia.

When the authors gave to the profession their first edition seven years ago, they were congratulated upon furnishing a volume of such merit, devoid as it was of much that was unimportant and devoting more space than was usual in text books to the practical and less to the theoretical. This with the full page illustrations was so refreshing to the readers that soon other editions were called for. The last edition has been enlarged and re-written embodying the same features as the earlier issues, and we trust it will be received with the same favor as its predecessors. The chapters devoted to obstetric dystocia and its determination and to obstetric operations are particularly well written and amply illustrated, making the work of special value to the recent graduate or the country practitioner out of reach of experienced consultants.

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Editorial.

INFANT FEEDING.

The question arises daily in the practice of the busy doctor—particularly in the cities and larger towns—as to the best all-around food for infants where the breast milk has for one reason and another been denied them. Every physician has his own ideas in the matter, but how seldom are these put into practice—being prevented from realization by various obstacles, chief of which is ignorance and carelessness on the part of the mother or nurse. We all agree perhaps that modified cow's milk is the ideal substitute for mother's milk, but the bone of contention is "how to modify." And even if this was settled, how infrequently do we find the quality of city milk fit to give to a young baby. Take samples, if you please, from fifty dairies, and how many will be free from sediment, which is always extraneous, and we might say harmful. In how many dairies are the udders of the cows and the hands of the milkers thoroughly washed before milking? How often is the atmosphere pure and fresh in the milking barns? How many

milk cans are free from foul odor and swarming bacteria?

What proportion of the milk comes from the well in the farm yard or the penstock of the city dairy?

How long do the filled milk cans stand on the depot platforms in the boiling sunshine awaiting the arrival of trains, or are hauled through the hot city streets uncovered?

What about the cleanliness of the bottles and the ice boxes in many homes?

How much time has elapsed from the time the milk leaves the cow until the baby gets it?

How uniform is its preparation and do we not frequently find enough prepared in the morning for the entire day, and thus liable to contamination even after careful pasturization or sterilization?

These are all pertinent questions and serve to convince us that the best food for infants—particularly in summer—is some prepared food which having passed through careful manipulation by

trained experts in the laboratory, is ready for the infant by the simple addition of hot water. Examples of this class of food may be found in malted milk, malt cream, lactated food, and a number of others, containing, as they do, cow's milk from selected and carefully watched cattle, modified by the liquid extract of malted barley and wheat, which modifies the casein so as to prevent the formation of tough curds. The mixture is rendered alkaline by the addition of potash or soda, and then evaporated in vacuum pans at a temperature sufficiently low as to prevent the coagulation of the albumenoids. The preparing of these for the nursing

bottle is so simple that the most ignorant can scarcely spoil them, and the great feature is, the child gets its food uniformly prepared.

One of the chief objections to the home modification of fresh milk is, the cream has been separated by the centrifuge, and thus the fat globules have been so coalesced by the rapid motion that emulsification is prevented, and the fat of the food is found in the feces instead of being absorbed. All infant feeding must be augmented by pure water in large quantities. Do not forget that babies have a thirst which milk in any form will not quench.

R. M. R.

HYDROCEPHALOID DISEASE.

We have found hydrocephaloid disease to be a most frequent and often fatal affection, though if rightly treated it is a very manageable one. It is especially common in this country, where infantile diarrhoea and summer-complaint occur frequently and severely, producing that state of general exhaustion which leads to a train of symptoms about the head, closely resembling those of dropsy of the brain.

Hydrocephaloid disease is that condition which is induced when the brain is somewhat suddenly deprived of its usual supply of blood. Even in the adult a profuse loss of blood is often followed by an extremely severe headache, and by various other brain symptoms; while in the child, whose brain needs a proportionately larger quantity of blood for the due performance of its functions, the symptoms that follow its excessive loss are of a corresponding gravity. Often, indeed, they present a striking similarity to those which betoken inflammation or dropsy of the brain. In young children, purging and giving calomel enough, in any disease, will bring it on.

Again, there is no disorder in which

the two conditions of considerable sympathetic disturbance of the brain, coupled with rapid exhaustion of the vital power, are so completely fulfilled as in infantile diarrhoea and summer-complaint; and in no other affections do we meet with such frequent or well-marked instances of the supervention of the hydrocephaloid disease.

This affection may be divided into two stages: the first, that of irritability; the second, that of torpor. These two stages resemble in many of their symptoms the first and second stages of dropsy of the brain.

In the first stage the infant becomes restless, irritable and feverish; the face is flushed, the surface hot, and the pulse frequent. There is an undue sensitiveness of the nerves of feeling, with sighing and moaning during sleep, and screaming; the bowels are apt to be flatulent and loose, and the evacuations are mucous and disordered.

The second stage then sets in: the countenance becomes pale; the cheeks cool or cold; the eyelids are half closed; the eyes fixed; the pupils unmoved on the approach of light; the breathing be-

comes irregular, with sighing; the voice husky, with sometimes a teasing cough, and later, there is a rattling in the breathing, and the feet become cold.

Under no circumstances are mistakes more easily committed, and never are their results more mischievous than when primary and real congestion of the brain has been over-treated (allopathically) and the consequent symptoms of exhaustion are supposed to be those of advancing disease of the brain.

In such a case, however, it would usually be observed that great faintness had been induced by the profuse depletion, and that the quiet which succeeded it was that of exhaustion, as much as of mitigated suffering; the fontanelle sunk below the level of the bones of the skull instead of being tense and pulsating; the cool surface and the pulse presenting no other characters than those of frequency

and feebleness, would all point to the real nature of the case. To deplete further would be to destroy the patient; food is needed, not physic; the sunken powers of life must be rallied, and as strength returns the functions of the brain will again go on harmoniously.

A large number of cases of hydrocephaloid disease are not only caused, but absolutely killed by allopathic treatment, while not a few will die under homeopathic treatment. Such cases require food and light stimulants and very little medicine of any kind. An infant should never be kept from the breast, nor a young child put upon a spare diet for several days without the most absolute necessity. Special attention must be paid to the food of young children in addition to giving the "indicated remedy."

A. G.

LOST, STRAYED OR STOLEN.

Dr. Stephen H. Knight, Editor-in-Chief of this Journal, disappeared from the city of Detroit on or about July 20, 1901. Any person giving definite information as to his whereabouts will be liberally rewarded.

A. G.

P. S.—Just as we go to press we learn that Dr. Knight is in Boston, where he is safe and sound and having a pleasant visit with old-time friends. We feel relieved. Thanks to our informant.

A. G.

THE DETROIT HOMEOPATHIC COLLEGE.

The Detroit Tribune of July 21, 1901, referred to the new quarters of the Detroit Homeopathic College as follows:

"The Board of Trustees of the Detroit Homeopathic College, which for the past two years has been situated at 16 Willis avenue east, has decided to move the institution nearer the city, and to that end yesterday afternoon closed a deal for the old Butler homestead at the southwest corner of Lafayette avenue and Third street. E. W. Abbott, the real estate agent, negotiated the purchase, and it is understood that \$33,000 was paid.

"The residence is a model for college purposes, being three stories high and containing large and spacious rooms. A number of necessary changes will be made, however, before the institution will be opened.

"The property purchased has a frontage of 100 feet by 130 feet depth, thus allowing ample room for additions. The building as it stands at present is not large enough to offer facilities for a free dispensary, and as a consequence a three-story addition, to be used as such, will be erected at the rear of the present structure. It will include all neces-

sary facilities for a free dispensary, and will cost probably about \$25,000 or \$30,000.

CENTRAL LOCATION

"The Board of Trustees has for some time appreciated the immediate need of a down-town location for emergency cases, and this one being centrally located will, it is hoped, fill the bill. One of the Grace Hospital ambulances will be constantly located at the dispensary, and will answer all calls from the business and factory portions of the city. The dispensary is not intended to be of the nature of an emergency hospital where patients may be permanently quartered, but will be used in extreme cases of emergency. Patients in a serious condition and requiring long attention will be removed to Grace Hospital. In addition to being a college for the education of students in the homeopathic school, the institution will virtually be a down-town branch of Grace Hospital.

"The building purchased yesterday is entirely of brick, and though one of the oldest residences in Detroit, still retains a good appearance and is in a very stable condition. The large rooms, high ceilings and good ventilation make the home an admirable place for a college with the necessary laboratories and operating rooms. It contains about twenty large and well ventilated rooms. There will be eight laboratories, one operating room, three lecture rooms, a library and reading room and a special parlor for ladies. The laboratories will be fitted with the most modern appliances and equipments.

A NEW ADDITION.

"The dispensary addition will contain probably about twelve rooms, but as yet no plans have been drawn. There will be six or eight clinical rooms, a pharmacy and reception rooms for patients. Separate rooms will be set aside for the following classes of diseases: Eye and ear diseases; throat and nose diseases; diseases of women; diseases of children; skin diseases; general diseases,

and one for general surgery. Each department will be presided over by physicians yet to be chosen, who will be at the dispensary daily from 11 to 2 o'clock.

"The establishment of this clinical dispensary will not, however, do away with the dispensary department of Grace Hospital, which has been maintained for several years. Operative clinics will continue as heretofore, as will also the dispensary clinics. The same staff will continue in charge of the Grace hospital dispensary, while in the new quarters there will be an entirely new corps.

"The College on Willis avenue will be entirely abandoned and the new one opened with better and larger facilities. The Willis avenue buildings belongs to the Chaffee estate and the lease which the college has expires September 1. For some time this change of location has been contemplated. Dean D. A. McLachlan, who will continue in charge of the college, intimated yesterday that a number of changes and additions were to be made in the corps, but just what these are to be he would not state.

ENCOURAGING OUTLOOK.

"The college last year had an enrollment of about fifty students, and it is confidently expected that the new quarters will prove to be a drawing card for more students and that the attendance will be nearly doubled.

"It is expected to have the formal opening of the school and dispensary about September 25. It is possible that at that time the dispensary addition will not have been completed, though the college will be ready for occupancy.

"Dean MacLachlan and the trustees at present refuse to divulge the identity of the subscribers, but among them it is understood that Alexander McVittie, of the Detroit Shipbuilding Co., was one of the heaviest donors.

The governing board of the institution includes: Alexander McVittie, Dexter M. Ferry, Sherman R. Miller, John T. Rich, Thomas W. Palmer, A. E. F.

White, E. W. Meddaugh, Oliver Goldsmith, Frederick B. Sibley, James C. Smith, Jr., James H. Muir, T. H. Newberry and O. N. Chaffee. The faculty

is headed by Dr. D. A. MacLachlan as dean, Dr. H. P. Mera as vice-dean, J. M. Griffin as registrar and E. J. Kendall as assistant registrar."



DR. VESTA C. A. GESLER.

Dr. Vesta C. A. Gesler, of Saranac, Michigan, passed away on the afternoon of June 19, 1901, after an illness extending back to February of the present year. Her death was caused by sarcoma of the liver. For many months she regarded her case as hopeless and patiently awaited the inevitable result of the malady.

Dr. Gesler had been actively and successfully engaged in the practice of medicine for twenty-five years, having taken up the study of medicine under the tutorship of Dr. A. E. Gesler in 1877, graduating from the Hering College of St. Louis, Mo., in 1881. She was a faithful and honored member of the Congregational Church of Saranac, and superintendent of the Sunday school of that church.

Mrs. Gesler was born in Richmond, Macomb County, Michigan, November 24, 1854, and came with her parents to

Saranac about thirty years ago. She was married to Dr. Gesler September 10, 1878. She leaves a husband, two sons, three sisters, one brother, besides a large circle of friends to mourn her loss. The funeral was held from the residence, conducted by her pastor, Rev. H. C. Snyder, assisted by Rev. J. W. Steffe. This singing was by the Glee Club, of Lowell. Her Sunday school class attended the funeral as a class, and the graduating class of the High School also attended in a body, her older son, Farrand, being a member of the class. A. G.

Dr. R. Milton Richards, who has been absent from Detroit for nearly a year, part of which time was spent in post-graduate work along the lines of gynecology and pedology, has returned, and has located at 582 West Fort street, where he is resident surgeon of Red Cross Hospital—a private institution for medical and surgical cases. He also has an office at his residence in The Albemarle Flats, 1477 Grand River avenue.

At the last meeting of the Medical Counselor publishing Club the editorial staff was increased by the election of Alfred Graham, A. M., M. D., LL. D., and R. Milton Richards, M. D., as associate editors, with S. H. Knight, A. M., M. D., as editor-in-chief.

O. Le Seure, M. D., is spending a much-needed vacation up the lakes.

R. E. Gustin, M. D., has placed a fine new static machine in his office, and is fully equipped to do X-ray work.

Dr. W. A. Polglase, of Lapeer, Mich., recently delivered an address before the John Russell Temperance Union of this city.

Dr. M. J. Spranger, of Detroit, is playing the role of foxy grandpa.

Dr. J. H. Cowell, of Saginaw, was a recent visitor to Detroit, and paid The Counselor a welcome visit.

Surgical Deviation of the Portal Blood.

Schiassi, of Bologna, proposes the above designation for the operation for radical cure of ascites and cirrhosis of the liver. First introduced into surgical practice by a Dutch surgeon in 1889, this form of intervention has now been carried out successfully a number of times. Recently it has been tested with success upon dogs, and an operation of such promise should not be designated merely as an operation for cirrhosis of the liver, when its range of application may prove much more extensive. Hence the new designation proposed by Schiassi.

This author has recently operated upon three patients under the following circumstances: The first case was a hepatic cirrhosis due to passive congestion and accompanied by a considerable degree of ascites. After operation, patient began to improve slowly and after its original disappearance the ascites had not returned two years later.

The second patient was a young man with ordinary nodular cirrhosis of the liver and well marked ascites which had been relieved on a number of occasions by tapping. After the operation, the ascitic fluid was reproduced to such an extent that it even escaped by the operation wound. Despite this fact, the patient ultimately improved and gained in flesh. A few cubic centimeters of fluid still persist in the peritoneal cavity. During the third and fourth weeks following intervention, this patient developed an intolerance for albuminoid diet (fever, dyspnoea, profuse sweats), which led to the adoption of a hydrocarbon-

aceous regimen. A similar condition has been noted under the same circumstances in dogs with an Eck's fistula.

In both the preceding operations, the author employed a method of intervention devised by himself and about to be described. In his third case the patient (female) suffered from a cirrhosis which was probably of malarial origin. He does not state the method of procedure in this case, but considerable benefit was experienced and the patient was enabled to resume her occupation.

Schiassi's operation is as follows:

First stage. Incision of the abdominal wall along a continuation of the right maxillary line, 15 or 20 cm. long, extending from the costal border to the iliac fossa. A second incision at a right angle with the first, joining it at the junction of the upper and middle thirds, and extending in the other direction a few centimeters beyond the *linea alba*. The incisions are carried down to the parietal peritoneum.

Second stage. This represents the opening of the abdominal cavity. The peritoneum is held between two pairs of dissection-forceps, and nicked carefully with a probe-pointed bistoury to allow the ascitic fluid to escape. The abdominal wall is then held apart by retractors and the parietal peritoneum laid widely open parallel with the cutaneous incision. The liver is now carefully examined, especially in the region of the hilus, and the other viscera should also be inspected.

Third stage. This is termed by the author "exteriorisation of the great omentum." As much as possible of this structure is drawn out through the transverse portion of the incision and sutured to the parietal peritoneum (sero-serous suture). The junction is made in such a way that a large portion of the omental flap becomes extra-peritoneal. Great care must be exerted that the suture points do not accidentally compress blood vessels.

Fourth stage. The extraperitoneal flap of the omentum is now sutured between the peritoneum and abdominal muscles. Before this is done, this projecting flap is well rubbed in gauze soaked in sublimate to destroy the endothelial envelope and thereby favor the formation of adhesions. This friction must not be overdone, however, otherwise the adhesions will be more solid than is desired. Two or three points of catgut are required.

Fifth stage. This consists of the closure of the external wound, which is done with two planes of sutures. Drainage is held to be unnecessary and even dangerous.

Eczema From the Standpoint of Bacteriology.

Until quite recently dermatologists have pointed with something like pride to the finished state of our knowledge of eczema in contrast with our almost complete ignorance of most of the other dermatoses. Eczema was the simple catarrh of the skin, completely analogous to catarrhal processes of the mucous membranes and bacteriology was unnecessary to account for its existence. Within the past few years, however, there begins to be something like unanimity among dermatologists in various countries in the opinion that eczema is after all a disease of microbic origin. The conclusions appear to have been reached by a combination of the deductive and inductive methods. Since the original discovery of the pyrogenic cocci it had naturally been taken for granted that these germs were responsible for most of the suppurative processes in the skin, but there was for a long time no hint of further pathogenicity. Gradually we learned that these familiar microorganisms may cause many manifestations which are unaccompanied by any formation of pus whatever—such as a focus of gangrene

or a bulla of pemphigus; while conversely the power of producing pus was found to be possessed under certain circumstances by a large number of other bacteria. This suggestion of the wide range of pathogenic activity possessed by the staphylo- and streptococci naturally led to the question, "do not these familiar germs play the leading role in the most familiar of all the diseases of the skin?" This question has apparently been answered in the affirmative. Sabourand of the Pasteur Institute at Paris; Scoltz and Raab, assistants of Neisser; Jadassohn and others appear to have furnished the proofs independently; and one of the features of the dermatological section at the recent Paris Congress was a reiteration of this fundamental truth. Jadassohn believes that the first step in the genesis of an eczema is the appearance of an erythema of the skin due to mechanical or chemical irritation, and that the pyrogenic bacteria infect this primary lesion exactly as they infect a simple wound, save, perhaps, for the fact that in the former case the germs pre-exist in the skin, while in the instance of the open wound the microorganisms are doubtless carried to the exposed surface from without. These saprophytic germs within the epidermis, roused to a mild degree of virulence by the incidence of some simple irritation, are able to provoke the various clinical phenomena which we distinguish by the term eczema.—Archives of Pediatrics.

Knee-Joints, Quiet Effusion Into the.

Passive effusion into the joint rarely occurs in any other joint than the knee, although personally seen on one occasion in the ankle. The joints of the opposite sides are usually involved at the same time, but the effusion is, as a rule, much more marked on one side than on the other, that on the right side being generally the greater. There is rarely any pain unless some injury

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The Medical Counselor.

HOMEOPATHY AGAINST COMPOUND TABLETS.

BY H. W. CORY, M. D., Marion, Ind.,

Read before the Indiana Institute of Homeopathy.

Homœopathy, as we all well know, is the method selected and propounded by Samuel Hahnemann less than one century ago and it is claimed used by more than 10,000,000 of people in the United States to-day. He has shown us how we can heal or cure diseases by single remedies or the indicated remedy by curing morbid conditions similar to those which they have the power to excite. He does not say he gives remedies or a combination of remedies to cure but the indicated remedy which comes the nearest covering the totality of symptoms which the disease is producing, and we, as true homœopaths, have found this to be our true motto and we rely upon the indicated remedy to give us the happy result. The potency or size of the dose depends upon the judgment of the physician and the patient. I believe more speedy cures could be made if we more fully understood our materia medica and be more careful in selecting the symptoms from our patients. I believe in the least possible dose of medicine that will bring about the desired result. Each remedy has its specific action and the indicated remedy should always be used so long as the symptoms demand it and no longer. Should the patient require another remedy when these symptoms have been relieved by the remedy just given always give the indicated remedy and your patient will soon have a speedy cure. It is as impossible to

prescribe two or more remedies at one time scientifically as it is to find two or more well defined diseases in the body at one time. There is only one well defined disease can exist in the body at one time and only one well-selected remedy should be used or given at one time to combat the disease. Two diseases cannot obliterate each other any more than two remedies be used scientifically to relieve the same symptom. When these active symptoms have been cured by the remedy other symptoms may spring up which have been hidden or have arisen later on in the disease calling for another remedy, but we can rest assured that the indicated remedy will relieve each time and finally bring about a permanent cure. It is not the great number of remedies nor the great amount of the drug we give that gives the desired result we hope to be able to bring about, but it is the remedy carefully selected, and we can rest assured it will always relieve those symptoms when indicated. Hahnemann tells us: Whenever medicine is used by the old school (of course he never thought of accusing homœopaths with this mistake) and it is not giving the desired result and the prescriber is at a loss what to do in giving relief, he blindly blunders away with alternative remedies or compound remedies and very often the disease is hidden with the toxical effects of the drugs and the health of the patient is impaired by

this harmful and ignorant way of prescribing, and at times it is almost impossible to diagnose the disease from the toxic effects of the drug. Whenever two dissimilar diseases meet in the body the stronger always suspends the weaker but they never cure each other no more than will one remedy make another remedy stronger. The stronger disease will suspend the weaker disease just the same as will strong drugs suspend a disease and change the prominent symptoms in line with the drug disease and as soon as the drug is discontinued the disease symptoms reappears. We probably all have observed this in patients that have been treated by our allopathic brethren. For instance we have especially observed this in certain skin diseases when the eruption has been suspended by internal and artificial applications, but as soon as the remedies and application has been suspended the eruption reappears again. The disease was not cured but suspended by remedies too powerful or was not indicated. Medicine may produce an artificial disease dissimilar to the original one. As has been shown by giving more than one medicine at a time, it will divide the life force energy and they will counter affect each other so neither drug will act as it should. The therapeutic effect of a drug depends upon the amount administered. It may aggravate the disease if given too low or cure if given in the proper potency. This has been fully tested and this is the manner in which we select our remedies. First get the aggravated state which it will produce, and if a patient comes with a disease representing symptoms similar to which a drug will produce we can rest assured by giving the remedy in small doses or in the proper potency as indicated. It is sure to cure the disease, and just as sure as we administer the remedy too low and give too much

of the drug the symptoms will be more pronounced or aggravated. We only get the effects of the drug in healthy or diseased organs by the totality of all the elements of disease which a drug is capable of producing, and it is brought near perfection only by manifold experiments instituted by a select variety of individuals of both sexes. I think many of our journals of to-day would be much better to us as practitioners if the writers would devote more of their articles to medicine and how to prescribe it in the place of so many articles to pathology, and discovering new remedies and theories. What we need is a better understanding of medicine and how to prescribe it. Medicine, as we have all observed, will produce an artificial drug disease dissimilar to the original one and they are either acute or chronic, and by the constant use of the drug it becomes chronic and the symptoms in a way become dependent on the drug. Homœopaths should never be guilty of this crime. My reason for selecting this subject is not that I think the homœopaths are using compound tablets very extensively but to give warning against this patent way of prescribing with no true basis for a theory. We know these tablets are easy to prescribe, for they are labled for the disease and not according to the symptoms. In this case we are prescribing another man's prescription for a disease he has never seen. When we begin to prescribe medicine for a disease regardless whether it is the indicated remedy but because some one claims it has relieved a disease similar we have lost sight of the true principles which have been laid down for us, and we are making a fatal mistake and we must grow careless in our prescribing. We are not surprised so much at the old school compounding their remedies or alternating, for their main object is to try

and diagnose the disease and they have fixed remedies to suit the disease which have been used in their profession. If one does not seem to give the desired result they keep adding others which have been tried and keep on adding until they have run the gauntlet as the indicated remedy to fit the symptoms is not considered by them. If nothing favorable has been accomplished they begin to double up on the remedies, compounding, alternating, and so now the profession has compound tablets from two to more than a dozen remedies wrapped up in them; and they are labeled for certain diseases, and many of the remedies being antidotes in the same tablet, some producing symptoms one way and others in another direction until the true symptoms of the disease is lost sight of and the patient is often struggling between drug, disease and what nature is trying to do. Let us, as homœopaths, not be led away from the true motto by suggestions and recommendations into this careless way of prescribing but stand by the true theory by giving the single and indicated remedy which has done more to revolutionize the true basis for prescribing medicine than any had or has been advanced. The homœopaths should always carefully select the symptoms. When he has done this he has diagnosed the disease and has selected the indicated remedy. They both stand out before him. I believe many of our agents are largely responsible for many getting into this habit, as it seems to be to their interest to push the new. The people in all lines of business are after the new, regardless of their utility. Even we doctors are after new theories even before they are thoroughly tested. There are many compound tablets placed upon the market subjected to the next newest compound, just the same as many other patent medicines, and their

sale depends upon the amount of money, time and effort to push them. If we use them we do not feel we are using the indicated remedy but a compound highly recommended by a good house, and many of these tablets have from two to a dozen remedies in them.

Some time ago I had a case suffering from rheumatism. When one of our good agents called upon me I mentioned the fact to him. He stated at once he had the tablet that would cure that I asked him what it was composed of, he answered it was composed of Fariol-Bry and Rhus-Tox. I answered by saying I knew these remedies were good for rheumatism if indicated and used separately, but they were direct antidotes when used together, he said, all he knew he had a big sale for them, and they must be all right. I asked him his leader for dyspepsia, he said his Homeopathic Compound tablet was composed of Bismuth-Carbo veg.—Bryonia and Nox Vom., and we sell a great many of our homeopathic compound tablets to the old school doctors. So many of them think they are prescribing Homeopathically while they are not. Soon following this gentleman, followed a representative of the old school. I put the same questions at him, asked him his leader for Rheumatism; he stated our seller is composed of: Ex. of Colocynthus, $1\frac{1}{2}$ grs.; ex. of Colchicum acetic, $\frac{1}{2}$ gr.; Podophillin, $\frac{1}{4}$ gr.; Powdered Capsicum, $\frac{1}{4}$ gr.; ex. Bell, 1-10 grs.; Nug. vom., 1-10 gr. Making a tablet of about 4 grs. at a dose of this combination. His leader on dyspepsia, or a digestive tablet, was composed of Cinchonidia Sulph. 1-5 gr.; Pepsin, 1-5 grs.; powdered Ginger, $\frac{3}{4}$ gr.; powdered Cardamon, $\frac{3}{4}$ gr.; powdered Pementia, $\frac{3}{4}$ gr.; powdered Gentian, $1\frac{1}{2}$ grs., and Hydrochloric acid, $1\frac{1}{2}$ grs., making a tablet of about 7 grs. of this mixture at one dose, and they

are expecting to get good results from this. We can readily see when we as Homeopaths have lost sight of the indicated remedy, and follow the combination theory, there will soon be no limit to the number and amount in time. I want to say when we give compound tablets, we have lost sight of the indicated remedy, and no one can give them and be a true follower of Samuel Hahnemann, and it is easy to see the prescriber is not familiar with his materia medica. Should compound tablets be used by the different schools there will soon be no difference in the schools. They will stand together with no true theory, and our bottles should be labeled Heart tablets, Rheumatism tablets, Dyspepsia tablets, etc., and it will not be necessary for the physicians to know what is in the tablet, but prescribe them according to the label, and we had just as well let the patient call for his medicine at the drug store, and let the druggist hand him his prescription as they do other patent medicines, for compound tablets can only be placed in line with other patent medicines to be dispensed, but they are principally handled by the physicians, and we trust to the druggist for the right proportion of the combination, and we must trust to nature for the results, as we will not be giving any indicated remedy. The only difference between the compound tablets prepared by the Homoeopathic pharmacopes and the old school tablets, the Homoeopathic tablets are potentized, while the old school tablets are measured by grains. I will not say patients will not get better many times by using these tablets, they will, so will they many times using other patent medicines.

I want to cite you to a case treated by an alternating Homoeopath. A woman, middle-age, had cold, followed with neurasthenia. The case from what

I could learn indicated Gel., and the case was given Gel., alternated with Ars. and Ferrum phosphate. Every hour the patient did not recover as rapidly as he thought she should. So on next visit added Dig. and Cactus grand. to the Gel., so the patient was taking Gel.-Dig.-Cactus grand.-Ars. and Ferrum phosphate. The next day physician called, patient was no better; very nervous, head, heart, lungs, stomach troubling her. The heart was very weak, and at times the patient was unconscious, so in addition to what the patient was taking, was added Nitroglycerine, 1-100 of gr., and Passiflora to control the nerves, so now the patient was taking for her disease, Gel.-Cactus grand.-Dig.-Ars.-Ferrum phosphate Passiflora, and Nitro-Glycerine, and the patient had also applied to her head, heart and stomach, mustard. The patient was growing more nervous and from what I could learn, the symptoms were very unfavorable, the physician feeling he had exhausted his scientific skill, and was using about as many remedies as he could think of, he began to study up on the first remedy given, as he felt this remedy came the nearest being the indicated remedy. The more he studied this remedy, the more he felt it was indicated. Gel. was given, and the patient had a speedy recovery, and the patient feels she had a narrow escape, and it was due to the physician's skill she yet lives. I have heard of other cases treated by homoeopaths treated about as this case was, if not worse, but this case was treated mild in comparison with some of the cases I have known treated by the old school. This way of treating patients is due to the lack of confidence in understanding the patient and your remedy, and there is no cause for this, because the patient does not recover in a few moments after giving the remedy is no reason why the physician should

get excited and begin to alternate and compounding. We should watch the symptoms of the patient carefully, after giving the remedy; see if the symptoms are being aggravated or getting milder; be sure of your remedy, then the strength or potency should be watched, for many times where a remedy seems to aggravate prescribing in a different potency will bring the desired result. Study the indicated remedy, and the patient and victory will be the reward. When we loose sight of the indicated remedy and prescribe at random everything we have heard recommended, we not only do ourselves an injustice, but the ones who have spent a lifetime preparing our *materia medica* for us carefully, by which we can readily turn to their books, if we only prescribe the remedy according to the symptoms which fit the remedy. There is no question but what this careless and haphazard way of prescribing, which has lead to alternating and compounding and understanding the remedy and symptoms of the patient, and it is due to this which gives rise to so many new theories, by which many drug diseases have been treated successfully by mental suggestions and other forms of treatment without medicine. They first persuade the patient to stop taking the drug which is producing these awful aches and pains (and at times they are right) and look pleasant with good strong suggestions, giving them hope of a cure soon, if they can succeed in persuading the patient from taking this toxic drug long enough for nature to do some of her restorative work. They have accomplished this much, and it is with just such cases as these

where Christian Science Magnetic Healing get in their work on drugged, diseased persons, and they have startled many minds to wonder what wonderful power there is wrapped up in these magnetic fellows, but when a true disease inhabits the body, it requires more than mental suggestion to eradicate the disease. Nature must be assisted by the indicated remedy, which overpowers the disease and brings about a cure. No true Homoeopath can be accused of producing a drug disease for their indicated remedies cure, and leave no after effects. It is the lost wonder that leaves the bad effects. I have not written this paper accusing Homoeopaths prescribing compound tablets and alternating very extensively, nor to get up a feeling between the compound tablet people and the Homoeopaths, for the Homoeopaths who believe in the true principals of Homoeopathy will stand by the indicated remedy, and the true teachings which has been set forth by our true teacher, Samuel Hahnemann. When we try and give the indicated remedy, and alternate with compound tablets, and we do not get the speedy results we are hoping for, it is wrong to blame the indicated remedy against this combination, for it is as impossible for one remedy to overpower and antidote a combination and cure the disease as it is for a small man with good, pure principles to rule and destroy an organized monopoly, when they are working against them.

The opinion says first, the highest and only calling for a physician is to restore health to the sick, which is called healing, and the highest aim of healing is the speedy, gentle and permanent restitution of health in its entire extent in the shortest, most reliable and safest manner.

SINGLE REMEDY, POTENCY—DOSE—REPETITION.

BY W. B. GRAHAM, M. D., Richmond, Ind.

Read before the Indiana Institute of Homeopathy.

Mrs. A.—A neurotic. Sensations. Icy coldness. Head, external and internal. Eyes feel cold. Stiff. Like set in socket. Same cold sensation of feet and legs to knees. Feel all the

time as though stockings had been dipped in water.

Poor appetite. Poor rest. Little sleep.

Had been treated for months ad lib-

itum. Et adnauseam. No benefit; disgusted, discouraged, determined to have nothing more to do with doctors or their potions. Time paced on her sufferings increased. With an unflinching resolution, and a sublime heroism that was admirable, she endured and refused the earnest solicitations of anxious and interested friends to call other physicians or obtain proprietary remedies for her use. But one day endurance ceased to be a virtue; the writer passed the road and in desperation she rushed from her house to the gate and shouted: "Doctor, stop. I am suffering untold agony, and am in despair. Can you help me?" (The picture as she drew it is couched in the first paragraph of this paper.) I replied, I think I can. Be of good cheer; there is hope for you.

Remedy—Calc oste, 30g, two drachm vial. No. 25 Pellets. Medicated. Dose, 12 pellets, three times a day, until improvement begins; then for three days 12 pellets at bed-time. Thence 12 pellets three times a week until satisfied improvement is well established.

Then stop medicine, if improvement continues; don't take another dose. If it lags, take one dose and wait results. If need more medicine report to office. If I am passing, will stop. I did not happen to pass, and she did not report. Six weeks subsequently I met her. With a smile of gratitude she grasped my hand with the salutation: Doctor, am happy. I am well, a little of my medicine is still left.

Thanks to Homoeopathy. She was cured, and the cure is complete, I am sure.

It has stood the test of 18 years.

THE SECOND PRESCRIPTION.

BY J. R. HAYNES, M. D., Indianapolis, Ind.

Read before the Indiana Institute of Homeopathy.

How do you determine when a remedy has completed its work? When improvement has ceased and the case has come to a standstill, or begins to decline, or new symptoms make their appearance which are entirely new in the case and which have never troubled the case before, and not old symptoms which have returned, as the case progresses, but entirely new, and if the symptoms were not violent so as to endanger life, then I should give sac lac and wait for new developments or the present symptoms to pass away. Then proceed to retake the case anew, and just as though it had just come into my hands, and by endeavoring to enlist every symptom, both objective and subjective, and as carefully determine all that was necessary, or all that could be obtained which would be of assistance in the selection of the sim-

ium; by giving to each symptom its full value; but by placing the most importance upon those of the most uncommon or most singular; by so doing endeavor to select from the totality of the symptoms enumerated the correct homoeopathic remedy. The greatest care should be taken to select the similia, for if the wrong remedy is administered there would be great danger of completely spoiling the case or placing it in such a condition where a cure would be impossible. Carefully compare the symptoms with the pathogenesis of the remedy; it is much better, if not certain and the case is not in danger of life, to give sac lac and study the remedy well and thoroughly so as to be sure not to make the mistake of giving the wrong remedy, which would not help, but is sure to injure the case. Unless the remedy develop, symptoms

should be so violent as to call for immediate assistance (which is rarely the case on account of the minuteness of the homœopathic doses, especially in chronic diseases), it is necessary when the first remedy has produced no favorable results to write down again the existing state of the disease and select a second homœopathic remedy that is more exactly suitable. This will be easier performed in proportion as the group of symptoms is grown more numerous and complete. No. 183 Organon.

A similar course is to be continued after the full effects of each dose and the state of the disease that remains behind is to be noted down, describing the symptoms, and the image that results therefrom will serve to find a new remedy as homœopathic, as this method

must be pursued until a cure is accomplished. No. 184 Organon.

If you have made a mistake in your first selection how do you correct it?

If there has been a mistake in the first selection of the remedy we need look for no improvement in the case. To correct the mistake would be more difficult than it would have been in the first place to have taken more pains to have selected the correct homœopathic remedy. If the symptoms of the mistake were of a violent character and liable to endanger life, I should proceed to antidote them as far as possible; but if a slight character then I would give *sac lac* and wait until they had been removed by the constitutional vitality of the patient, and then proceed to retake the case as described in the Organon, and by using extra care, so as to be quite sure that a second mistake should be avoided if possible.

A SINGULAR CASE OF CYSTIC REGROWTH.

BY HOWARD CRUTCHER, M. D., Surgeon to the Baptist Hospital, Chicago.

In January, 1901, a woman of 43 years was brought to me by her physician, Dr. J. F. O'Neal. Dr. O'Neal had made a diagnosis of abdominal cyst and desired me to confirm the diagnosis and remove the growth. Less than a year before I had operated upon a younger sister of the present patient for the relief of a large uterine fibroid, but otherwise her family history was favorable, so far as I was able to learn. The patient was operated on under ether at the Streeter hospital January 15th, and a large ovarian cyst, weighing, perhaps, 18 pounds, was removed. It sprang from the left ovary and contained within it perhaps a dozen compartments, each pouring out a distinct product of its own. The fluid in these smaller cysts varied from the clearest serum to the most pronounced masses of papillomatous growth. The cyst wall was universally adherent, but

most of the adhesions were friable and, although they bled considerably, gave no great trouble. The uterus, at the time of the operation, appeared to be firmly anchored in the pelvis and the right ovary was fixed low beside it. Temporary drainage was instituted and the patient made a very satisfactory recovery.

In about three months from the date of the first operation the patient returned to Chicago, having in the meantime suffered considerable distress and presenting symptoms exactly like those from which she suffered before the other operation. A careful examination left no doubt in my mind of the reappearance of a moderately large cyst, and I advised its prompt removal. On the 7th of May the patient was again etherized at a suburban hospital and the abdomen reopened in the line of the scar. A thin cyst wall present-

ed. This wall was opened and the contents of the sac, which proved to be clear serum, were drained away. The removal of the cyst wall was impossible. It would be practically out of the question to say from what tissue it sprung. It involved the surfaces of the intestine, the broad ligament, running up the parietal peritoneum, and had no definite shape. While it ran along the crest of the broad ligament, it did not spring from between the folds of that structure. Behind this large cyst, and wholly distinct from it, was a papillomatous cyst, which sprang from the mesentery of the small intestine. This was dissected away with as much thoroughness as the circumstances would admit, and both cyst cavities were drained by gauze packing. The uterus was freely movable and appeared to be perfectly normal. The right ovary was wholly normal, so far as appearances can decide those matters. A long vermiform appendix was attached to the remaining ovary, but as it did not appear to be diseased, it was not disturbed. The patient made an uninterrupted recovery from the second operation, but I am greatly concerned as to her future medical history.

There is nothing, perhaps, remarkable about this case, except the rapid reappearance of a new tumor springing from an entirely new locality so soon after the uninterrupted recovery of the patient from a trying ovariectomy. This is not the first time that I have been compelled to reopen the abdomen by reason of the reformation of morbid growths, but in no case within my personal observation have I seen a large tumor re-form with such rapidity. The first cyst, springing from the left ovary, weighed, perhaps, 18 pounds. It was reduced to a well-defined pedicle, properly ligated and well removed. There were some adhesions to the intestines at the first operation, which could not

be removed entirely, but these were reduced to the narrowest limits consistent with safety, and left behind. In some cases it is utterly impossible to remove a morbid growth from the intestines, not so much on account of wounding the intestine as the danger arising from injuries to its blood supply and the ever-present danger of a prolonged dissection in region productive of profound shock. The second cyst had no apparent connection with the first and certainly the second cyst and the papillomatous growth removed at the second operation were not in any way connected, so far as the eye and finger could determine. I shall watch the future of this case with great interest, but my present fear is that the tendency to cystic formation is so strong that the patient may hear from the trouble again. In this connection I recall the case of one woman whose abdomen I have opened as many as six times, and who is alive and enjoying excellent health at the present writing. The first operation was for a ruptured pus tube; the second for a ruptured vermiform appendix; the third for a ventral hernia; the fourth for an ovarian cyst; the fifth for the removal of a cystic tumor from both broad ligaments, and the sixth for what I hope will prove to be her last ventral hernia. As a contribution to the subject of mental influence, I may state that this patient has always believed herself to be on the verge of the grave, and has expended much valuable energy and no telling how many reams of paper in making wills to dispose of her property after her death from the surgical work. In order to help along this mental influence and to demonstrate its power, I have several times myself believed that the patient was about ready to pass beyond the dark river, as, in fact, she assuredly was. The most hopeful patient, apparently, that I ever oper-

ated on for a serious condition promptly died, whereas a hundred who have gone upon the table with their minds full of the gloomiest forebodings, have come through without substantial trouble. If there be any mystery in the facts I have just given I leave it to

others to explain. My impression is that if our work is thoroughly and conscientiously performed at the right time and in the right way we need not give ourselves great concern about the mental state of the patient, which is often made up of silly fears rather than based upon logic and common sense.

PECULIAR AND CHARACTERISTIC SYMPTOMS.

BY HENRY NEVILLE, M. D., JAMESTOWN, N. Y.

Peculiar and characteristic symptoms are pre-eminently such as their names imply, objectively or subjectively. They may refer to any part of the body that is in an abnormal unhealthy condition.

Duly recognized and assigned their proper value, they assist greatly in the understanding and management of a case.

The doctor, when questioned as to the cause of death from an obscure disease, gravely assures the laity that it was a case of heart failure and no person on earth could have saved him. When interviewed by his confreres, however, as to what caused the fatal termination he answers with prompt and commendable candor "damfino." Try our best, be as observing and critically discerning as we may, there is much haziness and uncertainty regarding the cures we make at times. We are far from being sure what has been curative or even helpful in the case, and when inquired of as to whether this or that had been curative with equal candor we would be obliged to say damfino.

Much of this haziness and uncertainty would be cleared up and knowledge of the case gratifyingly clarified if correctly taking the case, the peculiar and characteristic symptoms were developed and their value recognized and appreciated. The value of peculiar and characteristic symptoms is seen, therefore,

in the removal of the element of doubt and uncertainty from a prescription when these symptoms are sought for and their importance considered.

Seeking advice and assistance in an obscure, puzzling and critical case, a young practitioner applied to his old preceptor in a neighboring city. The young man was earnest, studious, conscientious and much devoted to his work. He described the case as that of an elderly man, who had been under the care of an old school physician since the preceding April. This was now the middle of October. The patient said he is gradually going down, barely able to be about the house, has a bad cough, short breath, much expectoration, general coldness, no appetite, food does not relish, tongue coated somewhat a whitish gray, restless nights, has many rheumatic pains here and there enough to keep him awake, and generally miserable. His bowels are sluggish, generally has to "take something," countenance looks bad. He is quite emaciated and growing feebler every day. The doctor had tried everything but without avail, etc., etc.

The old preceptor listened with decreasing patience and scarcely avoided some expression of annoyance. As the recital was ended he said to the young man: "The old man is in a bad way and may soon die, but you have no case—you have no case. How is the

public health in your section of the country—any prevailing diseases—much mortality—buying any books lately? What medical magazines are you taking?"

It was the young man's turn to be annoyed. "Why, doctor," says he, "I came to you for advice. That man is desperately sick. I have done my best, and that without success. You say I have no case, but it is too much of a case for me, and my reputation in that community turns upon my success or failure in that case. I'm in a desperate strait and must have help."

"What you state is doubtless true," quietly responded the old preceptor, "but from your recital of his condition you may as well give one thing as another—persevere, continue to give everything. Something will perhaps hit somewhere, somehow and sometime, providing your patient lives long enough and you are retained as his medical adviser. The fact is, however, you have no case, and no man living can furnish a prescription upon your recital. I had hoped you had been better instructed than you appear to have been. The symptoms you enumerate are hardly worthy the name of symptoms. Such as they are they may be found under a dozen or more different remedies. If this recital is any indication of your mind or the direction of your thought you are too vague, too indefinite, too general. The man is sick, but these manifestations of sickness are without significance, afford no clue to his real condition and are valueless as a basis upon which to found a prescription. Instead of this indefiniteness let us take, for example, the constipation spoken of. We should know the sensations, if any, in the rectum and anus, presence or absence of urging, what is the character of the stools

—color, odor, consistency—hard or soft, large or small—and under what circumstances and conditions the constipation is better or worse. Thus must each one of these signs of ill-health which you have so loosely described and painstakingly attempt to discover where and how this man suffers and when and under what circumstances he is better or worse we shall have some symptoms before us something in this patient that finds its counterpart in the *materia medica*. Some of these symptoms may be found under several remedies, but if we have taken the case well, if we have carefully noted the locality of the pains, the kind of pains and the modalities of the pains, i. e., the times, the aggravations and ameliorations, we shall discover something definite, peculiar and characteristic in this case regarding these symptoms that will unerringly point to some one remedy the *similimum*, and we shall know where we are at, why we are there, and we shall prescribe with intelligent assurance and the result will be a pleasing revelation."

We are admonished that the prescription, to be curative, must be founded upon the totality of the symptoms, and this looking for and laying so much stress upon keynotes, peculiar and characteristic symptoms is a very superficial way of prescribing.

The fact is, however, that generally while these peculiar characteristic symptoms are found under their respective remedies the common general symptoms of the case are found under the known remedies also.

While known to all of you, a recital of a few of these peculiar characteristic symptoms may be permissible, viz.: I have mentioned but few and confined myself to the item of pain.

DIAGNOSTIC POINTS IN NOSE AND THROAT SYMPTOMS.

BY C. R. ARMSTRONG, M. D., Thorntown, Indiana.

The duty of every physician, both to himself and patient, is to be so qualified that he may be able to meet all the duties of a physician. He must be continually on the alert for new light. To get this new knowledge he is compelled to hunt in all the by-ways for it. After new knowledge and new points are obtained, they must be utilized. A good physician is forced to put his mind in a receptive mood at all times. He never arrives at the place in his medical career where it can be said he has it all. This one attribute of the medical profession makes it one of the grandest. It is this strife for new knowledge which keeps us enthused in our work so that we forget all the unpleasant things that come in our way.

Where is there a practicing physician but what at some time has been very much perplexed in the attempt to make a good diagnosis of a case? He may have made a thorough examination of the patient over and over again and yet unable to be clear in his mind just what disease he has to battle. In the office he may have read page after page of the best authorities and still remain in doubt. He awaits for further developments and at last some very small symptom—apparently unimportant—leads him to a good decision. This small symptom has made it known just what is to follow even if the disease is still in an undeveloped form. I have seen a child cough and cough, even if the indicated remedies were given which afterwards, upon a close examination, proved to be caused by an elongation of the uvula. Without a good diagnosis we may pursue anything but rational treatment. While we as homoeopaths get our indicated remedy from the totality of symptoms, yet I am a firm believer in making a good diag-

nosis of each case as soon as it be possible in order that a good prescription can be made.

As each organ of the body is studied it will be noticed that each one will have peculiar symptoms in some one or more diseases. What I desire more especially to refer to today are those diseases in which the symptoms of the nose and throat assist in detecting them in their first stages. These symptoms and diseases we are all familiar with, but a brief review of the same will do us no harm.

We all know that a thick red swollen nose makes us think its possessor has tarried at the wine too long, but it may be a sign of inflammation, rachitic or scrofulous diseases. The picking and boring of the nose may be caused by cerebral trouble, in typhoid fever or as a result of an irritation in the intestines from worms. A coppery shining appearance at root of nose indicates there are some syphilitic ulcers within the nostrils. Just before a spasm in a child the nose will become pale and pointed. During labor when the nose becomes pale and pointed it should bring up the thought of a convulsion, haemorrhage or exhaustion. A brownish, yellowish spot over the bridge of the nose indicates liver trouble or a chronic leucorrhoea.

How many of us are there but what at some time have been called to see a child "who has a very bad cold," as the parents term it, but through the nasal and throat symptoms it takes but a few moments to tell them their child is attacked with measles. A disease they probably had never suspected. Acute coryza is one of the earliest symptoms of measles with epistaxis and a muco-purulent secretion. An eruption in the throat is nearly always

present as one of the first indications. It is generally a simple catarrhal inflammation of the mucous membrane which may extend down to the bronchial tubes. Before the disease is well marked several red points are on the palate and throat. The mucous membrane of nose and throat are very much congested.

Another disease which can be foretold through nasal and throat symptoms is scarlet fever. There is a mild or severe acute rhinitis with an abundance of muco-purulent discharge and with it may be bleeding of the nose. The inflammation of the throat is characterized by congestions which occur early in attacks and is found in nearly all cases even before the eruption may be seen. The parts are of a deep red hue and in severe cases a good deal of swelling of the palate, pharynx and tonsils. In the beginning the patient complains of more or less stiffness of the jaws and aching pain in the throat. In the mild cases there is a bright scarlet appearance of throat and many have but a little swelling. In severe forms there is much more swelling, so as to nearly close the fauces. The symptoms often on account of the vomiting may be the cause of thinking of biliousness and would remain uncertain longer if it were not for the throat symptoms. As it is, the true disease is often mistaken for an acute sore throat or tonsillitis. I always look with suspicion on a case where a parent describes his child being bilious, high fever, having a "cold" and sore throat. In many of these cases a glimpse of the throat and tongue will make a very positive diagnosis of scarlet fever.

I have never been fortunate or unfortunate enough to be with many cases of Small Pox, and what cases I have seen have been after the disease was fully developed. But authorities say there is an eruption in the nares fol-

lowed by epistaxis. This same eruption, similar to that upon the skin, may be seen in the throat, often appearing ere the eruption on the skin—however, not always. The mucous membrane is swollen and the peculiar pustules are found and it is probably on this account that patients have so much pain in swallowing.

Again we may have a patient complaining of a severe sore throat. Attack came very sudden, accompanied with a great deal of pain, fever, headache, chilliness and having all the symptoms of an acute pharyngitis. The throat is red and swollen but scarcely enough to make the pain so severe. It has continued in this manner for a day or two and now the pain has begun to shift from throat to the muscles of the back and neck. A prescription will be made for an acute sore throat, but in a day or two the patient will have an attack of muscular or articular rheumatism, and this was a rheumatic sore throat. These attacks will generally last a few days and there is always more pain than the redness and swelling would indicate. With these symptoms there is a severe rhinitic with some neuralgic and rheumatic pains. After the patient has had a few attacks he is aware just what these symptoms foretell.

Very distressing catarrhal symptoms due to collections of secretions and formations of large crusts sometimes attend typhoid fever. Catarrhal laryngitis is often found in this disease, generally affecting the posterior wall. The whole pharynx may be inflamed and there is a diffused erythema raising a suspicion of scarlet fever. At the same time there is epistaxis. These symptoms along with chilliness, headache, vertigo, loss of appetite, general lassitude and languor, fatigue upon slight exertion, all assist in making a good diagnosis.

In syphilis there may be a local manifestation of the disease in both nose and throat in either primary, secondary or the tertiary forms and may be congenital or acquired. The mucous membrane is thickened in patches or ulcerated. It is generally located upon one tonsil or the other and is accompanied with an extensive hard and painless swelling of the submaxillary glands. There is a dryness of the throat and in some cases a great amount of pain on account of the ulcer. If this goes on for a few weeks with a rather suspicious history it is very positive the patient has syphilis.

In pharyngitis there is an inflammation of throat but it generally comes later in the disease and is merely another condition which makes it more positive of the nature of the disease.

A scrofulous condition is manifested in the throat often before anywhere else. Usually the child is pale and less vigorous than other children and what at first seems to be an ordinary catarrhal inflammation of the throat soon afterwards is found to be the beginning of a scrofulous child. The mucous membrane of fauces and palate is inflamed and soon advances into general ulceration.

When having more than ordinary amount of nose bleeding we may think of anaemia, plethora, eruptive or relapsing fevers, diphtheria, scurvy, purpura and haemophilia, or when the walls of the blood vessels are affected, as in acute yellow atrophy of liver, Bright's disease, gout, rheumatism, chronic alcoholism or syphilis, it is sometimes vicarious taking the place of menstruation or bleeding from hemorrhoids.

Thus in making this brief review of diseases and symptoms it shows to me more and more the importance of making a thorough examination in all our cases. One small symptom may save a life or assist in preserving a reputation. Whether it be at bedside or in our offices the physician will be well paid in making a thorough examination of the nose and throat.

Clean Hands for the Surgeon.

The surgeon, in spite of the wonderful advances of his art, has not yet learned to thoroughly cleanse his hands. Soap and water, the scrubbing brush, alcohol, bichloride solution, permanganate of potash, rubber gloves and protective disinfectant ointments have each and all been weighed in the balance and found wanting. A good scrubbing with soap and water and brush will rid the skin of the fatty matter which naturally belong to it, alcohol dissolves what is left, and a chemical disinfectant, such as bichloride of mercury, inhibits the growth of bacteria, so that hands thus prepared may be considered sterile; but, under the conditions which surround the operator, especially the high temperature of the room and the effect of mental strain upon his vasomotor system, perspiration, more or less profuse, takes place, and the sweat coming from the skin, is not sterile. This has been demonstrated by laboratory experiments. Scrapings from the skin and from under the nails of freshly cleaned hands may fail to give cultures; sterile silk threads between the firmly closed finger and the thumb may remain sterile. But let these hands work for a few minutes, and perspire, it will then be found that the scrapings from them will produce cultures, and a sterile silk thread drawn between the finger and thumb, will become infected. In view of the impossibility of thoroughly sterilizing the skin various devices have been resorted to in order to keep the skin of the operator's hands from touching the wound. Rubber gloves have been in favor, then discarded, and again resorted to. They have the advantage of being easily cleansed and if quite thin and closely fitting they interfere but slightly with the sense of touch. But they have this serious disadvantage, the hands perspire freely within them, and, should the gloves, during the operation, become torn or punctured the danger of contamination is great.

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Editorial.

THE DEATH OF THE PRESIDENT.

When President McKinley was struck down by the cowardly assassin the whole earth wept and the sun hid its face. When finally his gentle spirit took its flight the veil of national and religious prejudices was rent in twain long enough for prince and pope to utter sympathy and murmer prayer for the welfare of his soul. The manhood of the average American will not permit him, even in imagination, to descend to the murky depths in which must grovel so vile a reptile as he who assaulted our chief magistrate. In a time of prosperity, of political peace, of moral and material advancement; So kindly a soul, so pure a man, so loving a husband, so conscientious a statesman, the arch fiends of hell must already gloat in anticipation of the fires of agony and remorse in store for the murderer.

The homeopathic profession will always hold in pleasant remembrance the graciousness of President McKinley at the monument exercises and at the public reception given to the Institute in Washington. They will regret also that the skill of the surgeon in his last

illness had not been backed up by the sure remedies of Samuel Hahnemann.

Now that the story of his sufferings has been told and the autopsy has shown wherein the surgeons failed we cannot agree that his case was hopeless. It seems strange that at the time of the operation no attempt was made to follow the course of the bullet, and if impossible to extract it, as it appears to have been, to make at least a reasonable guess as to what other organs beside the stomach had been injured. Strange, too, it seems if the kidney was so badly wounded that some one of the scientific tests applied in such profusion did not indicate it. Was it over confidence or ignorance on the part of those in charge that led them to issue statement after statement, declaring the distinguished patient was doing so well, when all the time his rapid pulse showed a sympathetic nervous system staggering under a death blow? The gangrene found after death would not have occurred in a man whose sympathetic ganglia had not been knocked down and failed to rise again. It is pos-

sible that suppuration might have taken place in the track of the wound in any one, but suppuration would not have killed so soon. Plainly it was his circulation that was at fault, and his circulation was that of a weak man without vitality, and a wounded nervous system. Would that the surgeons had recognized it and had called upon a disciple of Hahnemann to have furnished the remedy!

The suggestion has been seriously made that the bullet which remained in the body of the President had been poisoned and had in that way been responsible for his death. There is no evidence whatever that such was the case. Had the poison been on the bullet in large doses, death would have re-

sulted quickly. Smaller doses might have so weakened him at first that recovery could not have taken place because of previous exhaustion. Of course the inevitable germ has been thrust to the front and is now claiming the right to be heard. He escaped scorching when the powder exploded, he hung on tight while passing through the President's clothes and invited others to come with him. Once lodged in the tissues, he immediately set to work to produce gangrene—so his advocates say. This, of course, is according to the approved theories of to-day. Where, though, does the personal equation, the President's vitality come in? what were the leucocytes doing? What had become of the *vis medicatrix naturee*?

THE PULSE AND RESPIRATION IN TUBERCULOUS MENINGITIS.

In tuberculous meningitis the pulse and the respiration do not accord. The pulse is apt to be rapid at first and the respiration disproportionately slow. Irregularity of breathing is often noticed, by an attentive observer, long before there is any irregularity of the pulse. One, two or three respirations may be taken at equal intervals, but the breathing is apt to be quite superficial, the upper ribs only slightly rising and falling, but then there comes a full deep inspiration, very often attended with a sigh; again, there are one, two, three or four superficial inspirations, followed by a deep, loud one. At other times the inspiration is quick, hurried and convulsive, followed by a marked increase in the duration of expiration and the period of repose; the inspiration is considerably shortened and a deep prolonged sighing often supervenes and considerably diminishes the amount of respiratory movements.

In the first stage the pulse is much accelerated, full, but compressible, with

a perceptible variation in the rhythm of the artery and in the regularity of the strokes, the pulse sometimes beating as quick during one-third of a given time as it had previously done during the former two-thirds; thus, in a pulse of 140, one-half, or 70 strokes, may be performed in 40 seconds. This is often noticed before there is any intermission observed. Then some slight intermission will be noticed every seventh, seventeenth or twentieth stroke; finally the pulse will begin to change its character, one or two strokes in quick succession being soft, weak and fluttering.

In the second stage the pulse becomes slow, labored, intermitting and irregular, but is easily quickened by motion or mental disturbance to double its previous amount of pulsations. If the pulse beat only 60, 80 or 90 per minute we may be certain that life will last for some days, but as soon as a new acceleration ensues death will occur in two or three, or at most, in five

or six days. In the second quickening of the pulse it generally rises to 112 or 120 on the first day, and will be from 140 to 160 on the very day of death. These alterations in the breathing and

pulsations are, doubtless, produced by irritation, followed by pressure upon the parvagum at the base of the brain.

A. G.

DETROIT HOMEOPATHIC COLLEGE.

On Sept. 25 will occur the opening of the Detroit Homeopathic College. The new building will be then occupied for the first time. This property is valued in the neighborhood of \$50,000, and during the last month much money has been expended in alterations and

additions. A dispensary building has been created and the College Free Dispensary will occupy it. In the Dispensary building will be located the down town ambulance of the Grace Hospital, already prepared to compete for the emergency work down town and among the factories.

"THAT'S WHAT'S THE MATTER WITH HANNAH."

We are indebted to the Detroit Medical Journal for the following diagnosis, which we are inclined to accept as being "according to Hoyle."

BLACK EYE FOR MICHIGAN'S UNIVERSITY.

"According to Dr. Gardner T. Swartz, of Providence (Bulletin American Academy of Medicine), all graduates of the Ann Arbor school are excluded from examination, let alone registration, by the Rhode Island State Board. The *raison d'être* is claimed to be the lack of clinical advantages in that institution."

Well, what could be expected if a professor is nothing if not a "scientific" gobemouche? Can the fountain play higher than its source? If one should begin his career as the *famulus* of a p—s prophet (to use Mandeville's phraseology), and, rising thence by gaseous fermentation, revel a while in the mysteries of duck's milk, and when that "sours on him" begin seeking the source of diseases in a fly's side-whiskers, and, finally (?), bringing his gigantic intellect to bear upon the

frolics of the festive mosquito—what on earth could such a one do with or in a clinic? What conceivable need has he for clinics; why vex himself with them, when it is so much easier to evolve theories of disease out of one's "inner consciousness" (after the German fashion) or from one's "pure cussedness" (as is the American)?

Alas! some creatures never learn enough to distinguish the difference between notoriety and reputation. They believe, with Pope, that

"Honor and shame, from no conditions
rise."
Sometimes it's milk and then, again,
it's flies,
And eke, to make the sorry game completer,
It's finding myst'ries in a brainless
'skeeter.

Strange that a State so famous for its
schools
Should furnish such a farceur with his
tools;
But stranger still that some Rhode
Island cynics
Should damn the "school" because it
lacks his clinics!

M. D.

The Problem of Anesthesia.

In the Philadelphia Medical Journal, July 13, 1901, you describe editorially a new method of anesthetization by Braun.

This is not a new method at all but simply an elaboration of the Junker method of administering chloroform, and introduced by Tyrrell London (Trans. Soc. of Anaest., 1898, Vol. 1, p. 1) as the double bottle method. The method like many others is a most useful one in experienced hands but should not be advocated for occasional administrators or hospital internes as distracting attention from the patient to the apparatus. "The problem of anesthesia will not stay down" until it is solved, and that properly. You say ether is not an ideal anesthetic; neither is nitrous oxide or chloroform, but when the profession realize each and all of these anesthetics have their particular and definite indications and adaptability, and correct methods are employed in selecting and administering each of them, the subject of anesthesia will near solution, as near at least as such a subject can.

In spite of the fact that the introduction of anesthetics was one of the two great factors by which surgery has advanced to its present state, anesthetization is practically where it was fifty years ago. To the minds of most, anesthetization begins and ends with a towel and paper inhaler and a can of ether. Is there then, any surprise that "the subject will not stay down." It can further be said that the symptoms mentioned in your editorial as usually those developed during etherization are owing to its improper and not proper administration—they are properly the exception and not the rule. Why blame the anesthetic?

To use either one of our three anesthetics to the entire exclusion of the others would increase the mortality

greatly both immediate and remote; to use each and all of them in their proper place would likewise reduce mortality. When, oh when, will the profession realize this fact? Is it right to give chloroform for insignificant operations as tooth extraction, abscesses, etc., and have the patient die, when nitrous oxide would have answered?

It is safe to say there are exceedingly few in this country who have a thorough practical experience in the administration of our three anesthetics: gas, ether, chloroform.

Further you say chloroform has few of the disadvantages of ether but has a fatal effect of frequently causing cardiac or respiratory paralysis—the probable truth of the matter is, it is most frequently vasomotor paralysis and only secondarily cardiac and respiratory—due to what—chloroform? No; but overdosage, due to improper administration. The safest conceivable method of administering anesthetics would be unsafe in inexperienced hands. I have in more instances than one said this, but it seems to be most frequently lost sight of.

The principles governing the safe administration of chloroform are extremely simple—how many know them? Probably not one in a hundred, and if known rarely followed. So, why blame the anesthetic? Always an interesting question, why the fatalities early in chloroformization?—not infrequently it is said to be fright—but many patients are frightened during etherization and very rarely do any die. Fright is always accompanied by more or less holding the breath and more or less though not necessarily visible asphyxia—when breathing does commence so large a quantity of the anesthetic is taken in as to cause sudden death—not fright, but overdosage, though the amount of the anesthetic may be amazingly small. In connection with this it is simply neces-

sary to remember that but 24 minims of chloroform if given in a certain manner, produce complete anesthesia.

Ought this not to teach that chloroform should not be given to a frightened patient, and, if necessary, ether, or gas and ether, should precede it—that to give chloroform to a struggling and oftentimes forcibly restrained patient is the very worst possible thing to do—it is simply trifling with life.

An absolute essential for chloroformization is normal regular breathing. Enter most clinics and note the manner in which this anesthetic is administered and say whether it is surprising that fatalities occur. Rather is it not surprising that mortality is not even greater than it is?—S. Ormond Goldan, *Phil. Med. Jour.*

A Plea for the More Frequent Avoidance of Exsection of the Ovaries in Connection with the Removal of Diseased Tubes.

This paper addresses itself to all gynecologists, who by routine practice are removing the ovary while exsecting or excising a diseased tube; to all who practice removal of both ovaries whilst exsecting or excising both tubes; and especially to the very much larger body of general practitioners who feel so particularly answerable for the condition of their patients after operation, when referring them to the surgeon. The author lays special stress upon the fact that the Fallopian tubes, when once infected by suppuration, so persistently harbor it, that they constitute the natural habitats of pelvic suppuration. The ovaries should be regarded as the contiguous and comparatively unwilling participants in these suppurations. The ovaries generally recover from the effects of inflammation when the adjacent and suppurating structures have been surgical-

ly or otherwise cured. The author claims that the good results which have followed removal of the tubes and ovaries, for tubal suppurations, can in most cases be secured without sacrificing menstruation, thus preserving for such patients as much ovarian tissue, menstruation and consequent ovarian influence as possible, and not entirely depriving them of the possibility of conception. The reader has observed one case of pregnancy following the removal of both tubes close to the uterus.—Philander A. Harris, M. D., *Annals Gyn.*

The Relative Merits of Bi-Polar Version with Slow Extraction and Accouchement Force in the Treatment of Placenta Previa. Report of Fourteen Cases.

Polaric version was discovered by Ambrose Pare in the 16th century. The method was practiced and prompt delivery recommended in all cases of placenta praevia. Until the discovery by Braxton Hicks in 1861 of the bi-polar method of version, subsequent literature added little of value except the use of the tampon, rupturing the membranes, the separation of the placental attachment as far as the finger could reach.

The mortality of these methods of treatment was from 25 to 50 per cent for the mother, and from 50 to 80 per cent for the infants. The main cause of death was loss of blood during the dilatation of the os and from laceration of the site of the placental attachment.

The advantage of bi-polar version is the ability to successfully perform it with very little dilation and with consequently less loss of blood. Statistics based on the collection of a large number of cases treated after this method were wanting until the publication of

the work of Lomer, Behm and Hofmeier. The result was astonishing when reviewed in contrast with the mortality of the old method. Seventeen years have elapsed and the brilliant results obtained by these operations have not popularized the treatment.

Suppose we compare theoretically the bi-polar method with accouchement force, and see if there exist any reasons why the former may be considered safer in the hands of the inexperienced operator. In placenta prævia a fatal result is usually due to hemorrhage or sepsis. The hemorrhage is unavoidable and incident to dilatation of the os. Consequently the method requiring the least degree of dilatation necessary to perform version will naturally be expected to give the least hemorrhage. After dilatation be obtained in

sufficient degree to insert several fingers, further continuance of the process by manual means is likely to endanger the integrity of the soft parts. In other words, the artificial dilation sufficient to perform bi-polar version is comparatively safe, while that necessary for the insertion of the hand and internal version is dangerous. The rapid delivery of the infant in accouchement force adds additional risk of rupture.

There is one serious objection to bi-polar version and slow extraction. The infantile mortality is greater. When interference is necessary before viability, or when the foetus is dead, slow delivery is certainly indicated. If the life of the child be endangered during slow extraction, the obstetrician must decide between it and more rapid delivery with its increased maternal risks.

The following table gives briefly the histories of fourteen cases of placenta prævia which came under the writer's personal observation.

Case.	Para.	Month of Gestation.	Variety.	Method.	Mother.	Child.
1	Multip.	Full term	Marginal	Membranes ruptured	Recovered	Alive
2	Primip.	7th month	Marginal	Tampon	Recovered	Dead
3	Multip.	Full term	Partial	Forceps	Recovered	Dead
4	Primip.	5th month, twins	Central	Version with one finger in uterus; lower extremity brought down; head perforated	Recovered	Dead
5	Multip.	8th month	Central	Bi-polar version and slow extraction	Recovered	Dead
6	Primip.	Full term	Marginal	Bi-polar version and slow extraction	Recovered	Dead
7	Primip.	Last month	Partial	Bi-polar version and slow extraction	Recovered	Dead
8	Primip.	8th month	Marginal	Bi-polar version and slow extraction	Recovered	Dead
9	Primip.	Full term, eclampsia	Marginal	Forceps	Recovered	Dead
10	11 para.	Full term	Partial	Bi-polar version and slow extraction	Recovered	Dead
11	Multip.	8th month	Partial	Bi-polar version and slow extraction	Recovered	Alive
12	Multip.	Near full term	Partial	Bi-polar version and slow extraction	Recovered	Alive
13	Primip.	Near full term	Partial	Bi-polar version and slow extraction; forceps to after-coming head	Recovered	Alive
14	Multip.	Near full term	Partial	Forceps	Recovered	Alive

Attention is directed to the large proportion of primiparae; seven out of the fourteen cases, or fifty per cent. Bi-polar version and slow extraction were employed nine times; membranes were ruptured and delivery left to nature, one; tampon and natural delivery, one; forceps extraction four times, includ-

ing one application to the after-coming head following bi-polar version.

All of the mothers recovered, and five out of the fifteen infants were born alive. Of the children lost, two (twins) were not viable; one was at the seventh month, and four were dead when the case came under observation.—Henry D. Fry, M. D., *Annals Gyn.*

Selected Surgical Hints.

The ether or chloride of ethyl spray will sometimes prove quite useful in stopping severe bleeding from cancerous or other ulcerations in which the hæmorrhage is rather of an interstitial than an arterial character.

Never give an emetic in order to recover a foreign body that has passed into the stomach. If it is small enough it will always be passed in the course of a few days, while if too large for this vomiting would be a dangerous and useless thing to bring about.

An attack of hysteria simulating unconsciousness in a woman may be aborted by the surgeon's taking a pair of scissors and regretfully announcing that he will have to cut all the patient's hair off in order to make applications to her head. It is doubtful whether this bluff has ever been known to fail.

When feeling for fluctuation in any part of the body that is covered by heavy muscular structures, place the hands along the long axis of the muscular fibres, and never across them. The latter position would certainly deceive the observer into thinking that fluctuation is present, as may be easily seen in the case of the large anterior muscles of the thigh.

In furuncles and carbuncles of the upper lip it is especially important to operate promptly, usually by thorough excision under an anæsthetic. The location of the disease, in such cases, makes them peculiarly dangerous owing to the possibility of the occurrence of rapid thrombosis of the facial veins, extending to the cerebral sinuses. This, in turn, is apt to cause fatal pyæmia.

In every case of coma, whether from alcohol or any other cause, always investigate the bladder by percussion, in order to find out whether there is a retention of urine. Should this be the

case, measures must at once be taken to empty the bladder. If coma is due to nephritic trouble, it must not be forgotten that the fact that no urine has been passed for a long time may be due to suppression instead of retention.

In accident cases, however slight, to which the surgeon is summoned, and in all minor operations, it must be always remembered that there is a possibility, which must be provided for, that the patient may faint. Men must be even more closely watched than women, for in the latter the process is nearly always more gradual. Men usually faint suddenly as if they had been shot, while women generally give some warning, and will often be able to reach a chair or some other position of safety before the syncope occurs.—In'l Journal of Surgery.

Consumption and Contagion.

E. L. Shurly represents a statistical note concerning the contagiousness of tuberculosis pulmonalis. Of 130 cases reported, 16 have been immediately preceded by acute pneumonia, 22 by influenza, 12 by hæmoptysis, with little or no antecedent cough, 1 by appendicitis. Several of the patients, it is noted, have had occupations which exposed them to metal, flour or other dust. Twenty-five have been preceded by acute or chronic laryngitis, or bronchitis, 11 by pleuritis, 9 by parturition, 2 by chronic uterine disease, 2 by measles, 1 by diabetes, 7 by syphilis and 3 by rheumatism, 3 by typhoid fever, 1 by empyema of antrum, one by suppurative otitis; 7 are recorded as having had large lymphatic glands, 3 were preceded by severe dyspepsia and diarrhæa, 1 by psoas abscess, 1 by remittent fever, 4 by anemia, 1 by physical exhaustion. In 10 cases marked intemperance in the use of alcoholic liquors was noted. Sixty-five cases are recorded as having good family history and

of the other 65 cases the parents were affected. In 12 cases brothers and sisters were affected, and in 8 cases some distant relatives had been affected also. With regard to the previous condition of these patients long before the development of the disease, it is reported that 76 were well and healthy, while 54 were delicate. Tubercle bacilli were recognized in 65 and absent in 52 of the series, and in 13 the result of the examination was considered doubtful. In 121 of the cases (eliminating the nine doubtful ones) there is a possibility of nine only having originated through ordinary natural communicability; while upon further analysis there is a possibility that 5 only so originated and further that of the whole number of 130, at least 112 were immediately preceded by acute or subacute disease. (T. L. C.)

Double Vision.

An "illusion" which appeared to Abraham Lincoln has never been explained upon rational grounds, so far as my observations go. President Lincoln is reported to have said:

"It was just after my election in 1860, when the news had been coming in thick and fast all day, and there had been a great 'hurrah, boys!' so that I was well tired out and went home to rest, throwing myself upon a lounge in my chamber. Opposite to where I lay, was a bureau with a swinging glass upon it; and looking into that glass, I saw myself reflected nearly at full length; but my face, I noticed, had two separate and distinct images, the tip of the nose of one being about three inches from the tip of the other. I was a little bothered, perhaps startled, and got up and looked in the glass, but the illusion vanished. On lying down again I saw it a second time, plainer if possible than before, and then I noticed that one of the faces

was a little paler—say five shades—than the other. I got up and the thing melted away, and I went off, and, in the excitement of the hour forgot all about it—nearly, but not quite, for the thing would once in a while come up, and give me a little pang as though something uncomfortable had happened. When I went home, I told my wife about it, and a few days after I tried the experiment again, when, sure enough, the thing came back again; but I never succeeded in bringing the ghost back after that, though I once tried very industriously to show it to my wife, who was worried about it somewhat. She thought it was 'a sign' that I was to be elected to a second term of office, and that the paleness of one of the faces was an omen that I should not see life through the last term."

Now this "illusion," like others that haunt people, as this did Abraham Lincoln, can be explained upon rational grounds when all the facts are known and rightly interpreted.

As he lay there upon the couch, every muscle became relaxed, as never before. In this relaxed condition, in a pensive mood, and in an effort to recuperate the energies of a wearied mind, his eyes fell upon the mirror in which he could see himself at full length reclining upon the couch. All the muscles that direct, control, and keep the two eyes together, were relaxed; the eyes were allowed to separate, and each eye saw a separate and distinct image by itself. The relaxation was so complete for the time being that the two eyes were not brought together as is usual by the action of the converging muscles; hence the counterpart presentment of himself. He would have seen two images of everything else had he looked for them, but he was so startled by the ghostly appearance that he felt a "little pang

as though something uncomfortable had happened," and obtained but little rest. What a solace to his wearied mind it would have been, if some one could have explained this "illusion" upon rational grounds.

This was a temporary condition due to the fatigue from the intense work and excitement which had been going on from the time of his nomination until after his election as President of the United States.

There are conditions, however, which are born with the eyes, that may be developed enough by overusing them to produce headache, and other manifestations of disorders of the nervous system, which may be accompanied with double vision. By the advancements in modern ophthalmology, a large number of these cases can be relieved which were formerly considered to be incurable.—Dr. E. E. Holt, in *Journal of Medicine and Science*.

Training Children Born Blind to See.

From Vienna comes a letter telling of a method employed by Director Keller, by which children born blind are trained to see. He exhibited a child seven years old who had perfectly formed eyes, but who was born blind, brain blind. He taught this boy in the short time of four months to tell colors, form, and to read, with his eyes. (The director was led to believe that he could accomplish this after he had taught seventy deaf and dumb children with normal ears, to speak and hear.)

His method consists in first teaching a child to distinguish light from darkness by moving a disk of light before the eyes in a perfectly dark room. Thus he develops a faculty not recognized by the child before and this part of the training is slow, often requiring months of patient training.

The next step consists in placing ob-

jects, with which the child is familiar, against a light disc and the child is told what they are. By means of a colored glass placed before a light, colors are taught.

Figures of different design are then placed in a dark room with the light falling upon them and gradually the sight is accustomed to daylight.—*Annals of Gyn. and Pediatrics*.

Experience with Lachesis in Absorbing Tonsillitis.

"An ounce of prevention is worth a pound of cure," and so success in the early stages of disease is more to be sought than success in watching a tedious case get well—or die.

The case now to be narrated was one of threatened quinsy, in a young woman who had it several times, had employed allopathic treatment, mostly with nauseating gargles, but had never succeeded in putting it off; always the feeling she now complains of was followed by increase of swelling, stiffness, throbbing and suppuration of one or both tonsils. Her fear and lack of hope were strongly marked when she came to me.

I was guided to Lachesis by the left side being worst, and by the bluish cast to the lining of the throat.

I was confirmed in its choice by the marked tenderness and aversion to pressure from outside, with the fact that she was worse in the early morning; "after sleep." There was nothing else to hang an opinion upon; no patches of exudation, no odor, no great prostration, no fever, only enlargement of left tonsil, and the subjective feeling that was to her, from her former experience, a sure forerunner of a bad attack of quinsy.

In spite of this shadowy array of symptoms, and general air of good health, it was decided to give Lachesis

at once, without waiting for more serious manifestations.

The result was all that could be desired. Lachesis 200 on pellets—Dunham's potency—was given every three hours for two days. There was a rapid improvement, the patient kept about and grew no worse than when first seen, in spite of her own gloomy prognostications. By the third day she was well, free of all further apprehension, and profuse in her gratitude and praises for homeopathy.

Erie, Pa. E. CRANCH, M. D.

Twentieth Century Cure for "A Cold."

The suggestion of Dr. Nathan R. Simmons that *Avena sativa* will act with more certainty than any other remedy now in use for that condition popularly known as "a cold" is as startling as it is novel. The doctor, knowing with what certainty and promptness *Avena* restores a general warmth to the body, especially heat to the extremities, was led to do a little experimenting, and his results are quite interesting. Treatment should be begun as soon after the primary rigors as possible, and before the congested capillaries, whose walls may have been weakened by many similar attacks, have attained the inflammatory state. Given at this time, the *Avena* has seldom disappointed the author during the past four years. It being non-toxic, enough should be given to produce a slight warmth of the skin within ten minutes. Twenty to thirty drops is the usual dose, which may be repeated in from two to three hours, until the patient feels sure that his cold has been broken up. When used as above advised, in a case of cold affecting the nose or throat, you will not have the usual history of muco-puru-

lent discharge for two or three weeks. Its use is not followed by any undue moisture of the skin, and usually one or two doses will be sufficient. (Attention might be called to the fact that *Avena* occasionally produces severe headache, in the doses which the author has recommended). Let us reflect a moment on the intimate relationship existing between the vascular system and the vaso-motor nerves; also the extent to which the vaso-motors are controlled by the great sympathetic system, and, again, the quick response of the sympathetic to irritation of sensitive fibers of the cerebro-spinal system or nerves. If we follow this thought more a tlength we shall see how the mucous capillary system may be engorged by continued exposure of the extremities of the body to cold or to dampness. If the neck or shoulders, slightly moist from perspiration, be exposed to a draft of cold air, we shall have first local, then general contraction of the surface capillaries through the action of the vaso-motors. This is the first step of an approaching "cold," and if you expect to cure it in its incipency, begin where it did, on the nervous system, and restore an equal blood pressure throughout the surface of the body. Active exercise or a hot bath is sometimes efficient, but all agents that produce a relaxed, perspiring skin, should be used with great discretion. If we wish promptly to relieve the engorged mucous membranes, we must unlock the vaso-motor spasm. Blood will then flow freely to the surface, the skin will resume its functions of elimination, and the mucous membranes will be relieved in a measure from eliminating the poisons ordinarily thrown off through the skin. *Avena sativa* answers admirably in such an emergency.—The Homeopathic Eye, Ear and Throat Journal, June, 1901.

Some Observations on Intubation of the Larynx.

After using the O'Dwyer method of relieving laryngeal stenosis in 75 cases (American Gynecological and Obstetrical Journal, April, 1900) West is convinced that it is the best means yet at our command for the needed mechanical treatment of these cases. Of this number 73 were cases of laryngeal diphtheria; in 2 the dyspnea was due to laryngitis following measles, and in 1 to obstruction due to erysipelas. The mortality was $45\frac{1}{3}$ per cent. and was the greatest under two years; beyond that, age did not seem to affect the mortality. It is highly important that the operation should be brief in duration, that there should be care as to bruising the tissues, and that it should be performed as promptly as possible after the dyspnea becomes great. The average time of leaving the tube in position in the cases which recovered was 6 days, and the best method of feeding during this period is with a nursing bottle which may be used with large as well as small children. The apparently great mortality must not be regarded as a serious objection when one takes into consideration the almost hopeless condition of the cases treated; also the great relief from suffering afforded even to those who did not recover must not be forgotten. In conclusion West says that no professional work he does affords him greater satisfaction than the successful relief of a case of laryngeal stenosis by intubation, and nothing provokes a deeper longing for "a better way" than a fatal result in spite of it.—Philadelphia Medical Journal, Vol. vi., No. 9.

Notes.

The courts of Chicago have decided that in that state if a surgeon has performed an operation upon a patient

and finds that an additional operation is necessary to preserve life, he is justified in performing that second operation without the consent of the patient.

Prof. N. B. Delameter of Chicago was elected president of the National Electro-Therapeutic Association at its recent meeting. The Association meetings will hereafter be held at the same time and place as the American Institute of Homeopathy.

A chemist testifying before an English court of justice said liquid viavi contains 30 per cent sugar, with tincture of hydrastis and morphin. The pills contain sugar, aloes and, probably, colocynth. The conclusion to be drawn from this analysis is that those who buy this nostrum do so because of the morphin.

During the past year the New York Homeopathic College was enriched by donations and subscriptions to the amount of \$245,000, the total amount of its reserve fund now being nearly \$750,000.

The Southern Homeopathic College has secured a lot 55x110 feet, adjoining the Maryland Homeopathic Hospital property, and will soon begin the erection of a new college building. Adjoining the hospital, exceptional clinical advantages will be afforded to students, and the new building will enable the college to teach everything connected with modern medicine and surgery in the most up-to-date fashion.

A death through Christian Science negligence occurred in Toronto within the past two weeks; and as an evidence of the healthy state of the public mind towards the peculiar doctrines of these people, the coroner's jury returned a verdict worthy of more than an ordinary notice: "That the said—boy—came to his death on Tuesday, August 13th, from diphtheria, and we find that....."

the father of the deceased showed culpable negligence in not providing medical assistance, medicine, nursing and comforts, and that...., the Christian Science demonstrator, was an accessory after the fact, inasmuch as he undertook to advise and treat a dangerous contagious disease, which he admitted he was totally ignorant of. The teaching of the sect known as the Christian Scientists, as brought out in the evidence, is a danger to the community, and the jury would recommend that the law should make it a criminal offence for a demonstrator of this peculiar sect to attend or treat a case which is not being attended by a duly qualified practitioner."

Book Reviews.

Etidorpha, or the End of the Earth; The Strange History of a Mysterious Being and the Account of a Remarkable Journey. By John Uri Lloyd, author of "Stringtown on the Pike." With many illustrations by J. Augustus Knapp. Eleventh edition, revised and enlarged. New York: Dodd, Mead & Co.

John Uri Lloyd has done more than any other one man for the cause of medicinal botany in this country, and when it is known that the author of "Etidorpha" and "Stringtown on the Pike" devotes the profits arising from the sale of these books to the Lloyd Museum and Library, in Cincinnati, the sales of the books ought greatly to increase among the several professions to which the library and the work of its founder is such a benefit.

Lovers of Jules Verne and H. Rider Haggard will find much in "Etidorpha" to interest and please them. The style of the author and ease of diction is way beyond Haggard.

Principles of Surgery.—By N. Senn, M. D., Ph. D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the operating-staff with the Army in the field during the Spanish-American War. Third Edition. Thoroughly revised with 230 Wood-engravings, Half-tones, and colored Illustrations. Royal Octavo. Pages, xiv—700. Extra Cloth, \$4.50 Net; Sheep or Half-russia, \$5.50 Net. Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry street.

Dr. Senn needs no introduction as a surgical author. This is the third edition of this work in the last ten years and that in itself should be recommendation enough. This book is not the same as the work on tumors in his operative surgery. It is the best work on Principles of Surgery to-day in print. The new edition has been so enlarged and revised as to be almost a new book.

A Dictionary of Domestic Medicine. Giving a description of diseases, directions for their general management and homeopathic treatment, with a special section on diseases of infants. By John H. Clarke, M. D., London. American edition revised and enlarged by the author. Boericke & Tafel: Philadelphia and Chicago. Pp. 363; cloth, \$1.25. 1901.

This is one of the best books we know of for family consultation. There are special articles on diet, clothing, bathing, which are clear and reasonable. The indications for the remedies are made plain and simple enough for the ordinary layman to understand.

While we are not inclined to encourage promiscuous dosing by unskilled hands, it is much better for patient and physician also that attempts at home cures should be made with some degree of accuracy with homeopathic remedies than by the long list of useless patent nostrums.

Publishers' Department.

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The Medical Counselor.

DIPHTHERIA ANTI-TOXIN; ITS MODE OF ACTION AND METHOD OF ADMINISTRATION.

BY C. SIGMUND RAUE, M. D., of Philadelphia, Pa., Visiting Physician and Chief of Children's Clinic, Children's Homeopathic Hospital, Philadelphia.

Were it not that there is still so great a diversity of opinion among practitioners on the use of anti-toxin serum in diphtheria, it would almost call for an apology to present a paper on this subject before a medical society, unless it could offer something distinctive and new. But the writer has nothing new to offer; he can only recall to your minds what has been said and written of anti-toxin in the last few years, and add thereto his own experience with the hope of convincing those who harbor prejudice against this most potent antidote; and believes in its efficacy to continue the good work and still further perfect the therapy of diphtheria.

Let us first consider the mode of action of diphtheria anti-toxin. There is nothing of the nature of a curative action, as the term implies in its restricted sense, but purely an antidotal effect is obtained from the employment of the serum. The discovery of Behring, which later led to the therapeutic employment of this agent, was one of immunity against the toxin generated by Klebs-Loeffler bacillus in its development either in the culture tube or in the fauces of a victim of the disease.

His experimental observations made known the fact that animals may be made immune to large doses of this poison, and furthermore, that the blood

serum of animals thus immunized contains an anti-toxin principle, a globuline-like substance which has the power of destroying the toxin and rendering it innocuous. The serum of an animal in a state of immunity can therefore be used as an immunizing agent in another animal or in the human subject. As an antidote, it acts successfully when administered at the same time or shortly after the administration of the toxin, neutralizing it as an alkali would an acid. The vital point, however, to remember is, that the later the anti-toxin is used after the toxin has gained entrance into the system, the larger the dose that will be required, and the less positive the neutralizing effects will be. But there is still more than this to the subject, and that is a problem in pathology. It is a recognized fact that diphtheria toxin is one of the most powerful agents that induce parenchymatous degeneration in the tissues and internal organs. The longer the toxin has had a chance to act, the more pronounced these changes will be. Anti-toxin exerts no influence over these changes; it only neutralizes the poison. Nothing more should be expected of it. We are, however, at times inclined to lose sight of the fact that diphtheria is a dual condition—a toxic infection plus disease changes. There-

fore, if we consider anti-toxin in the light of a curative agent, we expect it to overcome both of these conditions, which, as has been said before, is more than anti-toxin can do. This fact should never be lost sight of, for it is upon a misinterpretation of the sphere and action of anti-toxin that all fallacious arguments either for or against it are based.

The lessons these observations teach are, first of all, that in order to get the best results, and, in fairness to anti-toxin, the only conditions under which we can positively expect any results from it, we must give it early.

Secondly, when tissue changes have set in, we must prescribe remedies that have in their pathogenesis the identical conditions subjectively and objectively i. e., remedies that correspond homoeopathically with the case. The serum should at the same time be used to check the process by neutralizing the toxins still circulating in the blood or forming in fauces. The most conscientious adherent of homeopathy need not fear that this mode of procedure is irregular or that there will be any interference with the action of his remedies, for there is no remedial action in anti-toxin to disturb drug action of any kind.

A word as to dose might be appended. The wide range in the dosage, from 250 units for immunizing purposes to 5,000 and 8,000 units that are given in severe and in laryngeal cases; even as high as 60,000 units, which have been given in the City Hospital of Boston, demonstrates that anti-toxin possesses the desirable qualities of being both active in small quantities and harmless, to a certain degree, in quite large quantities. But while extreme doses are unnecessary, still a sufficiently large dose should always be selected to entirely neutralize the infection.

The dosage recently suggested by

Park is perhaps as accurate a method as our present knowledge of the subject makes it possible to decide this point. For very mild cases, he advises 1,000 to 1,500 units for the first dose; moderately severe cases, 2,000 to 3,000 units; very severe cases, 4,000 to 5,000 units; laryngeal cases, according to their severity, 2,000 to 5,000 units.

If at the end of twelve hours after the injection the inflammation is advancing, or if at the end of eighteen hours the inflammation has not clearly begun to subside, a second dose should be administered.

A third dose may be required in rare cases at the end of twenty-four to thirty-six hours.

For children under one year, one-third less than the doses mentioned above is to be recommended.

Perhaps the greatest drawback to the more general employment of anti-toxin is the fact of its being an animal product that must be introduced into the circulation by subcutaneous injection. It has been given by mouth, and according to reports, with good results. The possibility of anti-toxin acting favorably in this manner is, however, not universally conceded. Antagonism to inoculation methods of any kind will always exist, and not without just cause, but under the strict sanitary regime that gives us anti-toxin, there is practically no danger outside of the anti-toxin itself, and the fact of its being non-poisonous has been fairly established. Nevertheless, the ideal form in which it might be administered would be a small tablet of the size of the ordinary hypodermic tablets, to be used in the same way as these drugs. That this may yet be attained does not seem impossible. The efforts of Park in the direction of precipitating and isolating the anti-toxin principles to be used in aqueous solution, while not entirely successful, still offer much of promise.

GENERAL THOUGHTS OF INSANITY.

BY O. A. PALMER, PH. D., M. D., of Cleveland, Ohio.

Read before the Round Table Club.

The question of insanity is one that has more interest for the world at large than is generally accepted by the public. Standing in this light it has two sides, one appealing to the amount of philanthropy that may have been developed by our modern civilization, and the other to our common selfishness.

That insanity is increasing rather than diminishing is a fact familiar to all, and this fact alone should lead us to consider it. An insane person has lost his mental capabilities, and is unable either to care for himself or earn his living.

Undoubtedly one of the first causes of insanity is defective natural organization, and a very slight degree of mental impairment is sufficient to reduce such a person to the level of dependence. It is rather the exceptional circumstance, when persons of extraordinary capabilities become insane, and then it is under exaggerated circumstances.

It is an undeniable fact that any individual with brains is liable to become deranged, but, fortunately for the majority of us, ordinary provocation is not sufficient to overthrow our mental mechanisms. Now a great number of active and apparently capable business men go down with paresis, which would seem to belie our above statement; but if these cases are carefully considered, they will be found to belong to a class liable to become insane, because of inherited peculiarities, and because they are prone to the indulgence of habits more than ordinarily provocative of brain disease.

Whatever improves the physical qualities of the brain improves also the mind; whatever deteriorates the brain, impairs the mind.

The brain, like the body, has its changes of waste and repair, but the process is conducted with twice the rapidity that it is in the body, and upon this mental condition is vitally dependent. If the circulation through the brain is lowered, mental activity is diminished; is accelerated, the mind's action is quickened.

Much thinking exhausts the brain as much as work exhausts the muscles, and go on thinking, or attempting to think, after the brain is thoroughly tired, and without giving it time to recuperate is a prominent element in causing insanity. An author has said that diseases of the brain are "perverted physiological actions." There is a misleading theory afloat in the minds of many which has been productive of much evil that the mind is a vague obstruction, connected in some unknown way with the body. This view excludes the idea of physical relief, which is the only way to approach the disease, and puts it in the light of a supernatural possession of evil spirits, etc. A healthy and normal brain requires a healthy and normal body, and depends upon due nutrition, stimulation and repose.

An interruption or clogging of these processes results in all sorts of disturbances. The brain is the most complex and delicate of all the organs of the body, and, consequently, all of its manifestations, whether order or disorder, will be varied and complex also. The causes of its impairment may be regarded as moral, physical, predisposing and exciting. The moral causes are those resulting from worry, overstudy, overwork of any kind, and great griefs. The physical causes act directly upon

the system, as blood poisoning by fever, narcotics, or an injury to the head.

Predisposing causes act remotely and slowly to undermine the mental health, and exciting causes are those shocks which usually precede the breaking down of the mind. People commonly make the mistake of blaming the immediate shock or calamity for the outbreak of insanity, while in reality the cause is much further back, and the event in question is only the occasion of its development. The germ of insanity may have been deeply latent, and a long train of consequences may have been at work to impair the cerebral vigor. The human mind does not snap like castiron. Insanity is seldom or never produced from a single cause. Only by a combination of conditions internal and external, proximate and remote, is the delicate fabric of reason usually overthrown. The structure of the brain consists essentially of millions of little cells and fibres; the former the generators and the latter the transmitters of force.

In thinking, these are called into exercise, and according to its intensity, exhausted. And their functional power is restored by perfect nutrition. We attribute a large share of mental disease to an imperfect nourishment of the brain, which produces derangements of its structures, and these take many forms of cerebral disease. Nutrition is the result of a relation between the nerve tissue and the blood. Its perversions, therefore, are to be found in disturbances of the circulation, as well as the nerves.

The supply of blood to the brain must be good in quantity and quality, in order to furnish its minute blood vessels, which impart to the cells the material of their renewal and waste. Excessive mental activity sends an increased flow of blood to the brain, and if this is prolonged beyond a certain limit, congestion follows. There are few brain

workers who have not felt the primary symptoms of this. Deep in thought, the student's head becomes hot and painful, and his brain feels too large for his skull. An hour's recreation or freedom from thought before going to bed would enable the partial congestion to recover and secure the much needed sleep, which otherwise is apt to be disturbed and unrefreshing. This should be avoided as much as possible, as the tendency is to permanently impair the organ—the opposite state from the one last mentioned. Anemia, or bloodlessness, powerfully predisposes to insanity. It implies a poverty or dilution of the blood, and may be caused by imperfect digestion, or any of the many influences which impair the nutrition. This is apt to develop in persons of a scrofulous tendency, and produces an irritable weakness, excitable emotions, etc., the action of the blood being powerless and irregular. Headaches, giddiness, low spirits, hysteria, neuralgia, and even epilepsy, follow in its train. The blood, in a state of health, is kept in exquisite balance of harmonious action, producing perfect thought and emotion. But foreign substances and bodily impurities being introduced into it, the result may be anything from a gentle excitement to a furious delirium.

The presence of bile in the blood, for instance, will generate so many gloomy thoughts in the mind of a patient that he approaches desperation, although, curiously enough, he knows, too, their origin. This state of affairs prolonged will result in genuine insanity.

The poor brain is the one organ of the body which has no escape from overwork. If we unload the stomach, appetite is lost, and the task is no longer imposed. If we overstrain the muscles, the injury is thrown upon the nervous system. The overtaxed lungs throw part of their burden upon the skin and liver, and the liver upon the

kidneys, but the brain has no such re-
till the most fatal results are reached.
lief. Exhaustion continues exhaustion
Night, darkness and silence alternate
with light, stimulation and day. The
evil effects of insufficient sleep are well
known. A deep, dreamless, happy
sleep is the overburdened brain's sole
chance of life. Its absence gives rise
to irritability, peevishness, dissatisfac-
tion, dejection, lassitude, which the best
self-discipline can scarcely control.

Want of proper sleep is one of the
most direct causes of insanity. Among
its more remote causes are those of
hereditary transmission. There is per-
haps no constitutional defect more
markedly hereditary than morbidities of
the nervous system. The common be-
lief that insanity is inherited only when
insanity in the parent appears as insan-
ity in the child is a serious error. It is
transmitted in an endless variety of in-
firmities. A nervous defect in the
parent may appear in a descendant of
the second generation, perhaps, in an
unbalanced character, which develops
violent outbursts of passion and unac-
countable impulses, or breaks into in-
sanity in a sudden emergency, while
perhaps an immediate descendant of the
first generation may go smoothly
through life without exhibiting pecu-
liarities of any kind.

Sometimes a whole family seem fated
to organic decay, and where there is a
strong predisposition to insanity, one
member will suffer from some form of
nervous disease, another from epilepsy,
another from hysteria, while another
may commit suicide.

There is no doubt that debilitated
stock is a great source of criminality.
Our jails and prisons are filled with un-
fortunates who, starting in life with low
organizations and defective brain
power, grow up among the lowest and
most vicious surroundings, and so are
fairly trained for their career of crime

and misery. The baneful connection of
criminals with the social world is a
familiar horror, and in our schemes of
reformation we should not overlook the
physical agencies which determine the
efficacy of the brain, while bringing to
bear upon them the kindly influences of
education and religion.

The simple state of the savage, stoi-
cal, steadfast, fearless, with few emo-
tions and fewer tears, is rarely or never
productive of insanity. The complex
emotions of our civilized life and the
nervous tendency to indulge them on
public and private occasions, is provo-
cative of much mischief. Worse than
all, our education, instead of being a
training to self-control and systematic
discipline, is conducted under the spur
of competition and public applause,
in the place of quiet and solid
attainment, for attainment's sake. The
victims of overtaxed intellects and over-
stimulated brains fill the asylums.
Probably six hours a day of close brain
work is all the organ will endure with-
out detriment, yet how many comply
with this rule? Of all the calamities to
which man is liable, none is so appal-
ling as the loss of reason. Yet it does
not come unheralded, nor should it be
regarded in the light of a fatality from
which there is no escape.

The many active symptoms of mental
disease may be noticed, and often the
dread horror may be circumvented if
taken while yet there is time. A false
notion of delicacy impels the friends of
the majority of patients predisposed to
insanity to make a mystery of it, regard
it as a disgrace, conceal the condi-
tions of it, and so neglect the first dic-
tates of common sense until the golden
opportunity has flown, and it is forever
too late to treat, dictate or advise.

The majority of cases of insanity are
curable. If the proper methods are fol-
lowed all cases that have not true or-
ganic disease in some form can recover.

NEURASTHENIA, ETIOLOGY AND SYMPTOMATOLOGY.

BY F. C. FREEMAN, M. D. Franklin, Ind.

I undertook the preparation of this paper to help myself. If it shall help another I shall be pleased and surprised. Adding to a limited experience, I have drawn freely from the meagre literature at my command, and I find resources sadly inadequate for undertaking what most needs to be done with this subject.

In my effort to get at something definite, to find something workable, to produce something helpful in this rather unsatisfactory field, I shall follow the natural order (why do our writers never do the like?) and take up the Symptomatology first. For, it is symptoms that are brought to us and first served on our table, and from a digest of these we form our opinion and diagnose the condition with which we have to deal; then we search for the causes as a basis for our treatment. Etiology means the consideration, study, knowledge of the causes, not a catalog. Symptomatology means the same symptoms. So I shall waste no time on a list which is better given in any manual, but shall mention symptoms as we try to study them.

Before we can point out the lines along which each must, for himself, study his particular case, we must try to get a clear idea of what the condition is by definition.

Neurasthenia is that condition of the central nervous system in which fatigue occurs too readily while recuperation is abnormally delayed; a neurosis of exhaustibility, characterised by increased irritability to external impressions with weakened power of action. Response is too ready and too weak.

Simply, in a word, it is weakness. To that all the causes have led up, and from that have come all the varied symptoms. He may hear the call,

"Produce, produce! In heaven's name, produce!" But he cannot do it. He may hear the insistent fife of a moving world, but he can no longer beat the drum.

As to symptoms in general, each case is inclined to conceal its diagnosis under a mass of heterogenous manifestations, the very multitude of which makes most of them of little moment, and their diversity makes it hard to classify them or to estimate their bearing.

From the nature of the case we have symptoms of exhaustion, symptoms resulting from exhaustion, and symptoms ascribed by the patient. These latter partake more or less of a hysterical nature and are largely developed through auto-suggestion.

In a well-developed instance of neurasthenia, most manifestations are secondary, local and peripheral; but probably all are of cerebral origin. Compared with the complex and diverse activities of the brain, the lower functions are narrow and simple, and hence their activities are comparatively fixed and stable; less easily thrown out of balance. True, some lower function may present a weak spot and the whole picture may group itself about that weakness, so that it alone will give color to the whole case. But, even that is referable to the debilitated, uncertain activity of the cerebrum, for the brain picks up and recasts the local affection in its own weak way.

There may also be noted a tendency to periodicity in all the symptoms which may remind you of malarial infection; as, for example, a series of mild collapses, thought by the patient to be chills, and helped on toward definite

periodicity by the suggestive power of this thought.

Now, in taking up some of the symptoms in particular, those pertaining to the mental functions naturally claim first attention.

At the first departure from health the intricately associated functions of the brain begin to fail to reinforce each other. Their co-ordination is lost, and instead of working smoothly, helping each other out and giving in result the full measure of the effort, they work with friction and at cross-purposes, concentration becomes difficult and but a little effort is exhausting.

The brain cannot balance itself for repose, but thinks weakly on in a dreary endless round, sometimes exhibited in a counting mania or some similar manifestation. Knowledge of this weakness makes it worse by constant suggestion of dread of failure and occasions a self-consciousness leading to a morbid reserve and timidity which may grow to melancholia and oppressing fears, in extreme cases approaching the sense of persecution, the hallucinations and even the imperative mandates of the insane. The failure, too, to express and throw off emotional impressions reacts as an accumulating melancholy burden. In an extreme case you will find a pitiful picture which you will need to study carefully to make sure that you have no serious local lesion of the brain, or an early stage of general paralysis. Indeed, neurasthenia may be but the most prominent symptom of a fatal brain disorder, and you must study the localizing signs and the hypochondriasis and delusions to see that they are not malignant in their profoundness and constancy.

By long and careful consideration you will find that these most severe morbid developments are, in neurasthenia, not essential, but an outgrowth and graft upon exhaustion.

By no means is all insomnia neurasthenic, but disorders of sleep often usher in the chronic condition. Sleep may be wanting or light, dreamy and unrestful and the morning hours very trying.

Now, with the cerebral activities all weakened and wearing on each other, their ability to rest and recuperate impaired, what can we not expect in the way of disturbance of the lower activities? If you will recall their close relation to the central nervous system, I will hardly need to mention the symptoms manifested in their operations.

From its very close connection with thought and feeling, the vaso-motor system should not surprise us by any and every species of irregularity, effecting more or less severely circulation and general nutrition, the heart's action, digestion and secretion. (All these functions, however, performed better than their complaints would indicate.) The sexual system, with its close relation to emotional life, suffers in all ways short of the serious perversions.

The special senses of sight, hearing, touch, smell and taste are liable to perversion in about the order named. In short, you may find for your study pains of any part, habit pains and all sorts of a-hyper-and paraesthesias. And all of these aggravated by auto-suggestion. These local, peripheral symptoms often border closely on those of hysterical conditions, but they are not essentially a part of the case and there is lacking the convulsions and other sthenic symptoms of hysteria.

In neurasthenia and etiology is of unusual importance, for we meet no other condition in which the discovery and removal of causes plays a larger part in successful treatment. The field, too, to be searched is not as broad as human ailments only, but is as broad as human interests and relations—from the bad habits of a great-grandfather to the sudden frightful shock of yesterday.

The chief pre-disposing causes are no doubt from heredity. The patient may have a distinctively neurotic family history, manifested by nervous disorder of little or great gravity in former generations, or he may simply have come from an otherwise diseased and weakened stock and may be feeling the effects of parental phthisis, alcoholism, unsuited marriage, etc. Then, too he may have hereditary, at least, congenital, peculiarities of circulation, nutrition, or metabolism acting as casual factors as well as appearing as symptoms.

All the prominent authors omit entirely the bearing of the sympathetic system on the general condition. I believe a leading exciting cause to be reflex depression through the sympathetic. Lack of balance in the eye muscles, irritation at the rectum or in the sexual system, in short, any of the burdens quietly laid upon physical life through the sympathetic system may be the sole cause of the chronic weakness.

A large proportion of typical cases depend upon immediate, exciting causes, such as prolonged, heavy strain, profound shock, severe illness, worry or harrassing conditions. The physical changes of puberty, with the added burdens and responsibilities new to early life, add their portion to the etiology. Even modern civilization is too fast, and wearies by its rapid presentation of invention, change and development with which we must keep pace.

I am inclined to charge our modern conditions and methods of primary edu-

cation with laying the foundation for a weakened generation. A room is filled with pupils of but one grade, the teacher feels that she must entertain and teach them without their overworking, so they are given but little time, and that much distracted, in which to prepare their lessons, then all must recite at once and the teacher has little personal attention for each and knows little of their needs or progress, and the recitation becomes a jumble of hints from the teacher and progressive guessing by the pupil. Teacher and pupil are both worn out with learning but a little. Too much may be put upon our pupils, but the methods are at greatest fault. The school room is no longer a place of mental training, but a place of mental dissipation. Everywhere dissipation of effort may be seen as a great weaker.

Some authors attribute much of the neurasthenia of the day to our modern over-refinement of food and methods of too dry heating and overheating of our dwellings,

Most of us are too neurasthenic to welcome one of these vexing, persistent, irresponsive cases, but when one does come, your only hope is to go at it systematically and by a process of exclusion, if necessary, determine definitely the causes that could and would act in that particular case and direct your treatment to their removal. And then you may give sympathy or relieve the sympathetic; use a drug or a sermon as the accomplishment of results demand.

HYGIENIC AND MEDICINAL TREATMENT OF NEURASTHENIA.

BY F. E. LARKIN, M. D., Indianapolis, Ind.

Neurasthenia being a disease with such a varied symptomatology and wide etiological range, a thorough and painstaking study of each case should

be made before outlining treatment. When this has been accomplished, the first step is the consideration of the habits of the individual, which, though

not wholly responsible for the condition, may prove especially aggravating. All stimulants of whatever nature should be interdicted. The sexual life should be carefully inquired into and the attendant evils found, corrected as far as possible. When this is accomplished, or began to be, then are we ready to consider some definite plan of treatment.

The key-note of the hygienic treatment is rest, not in the meaning commonly attributed to that term, but a broader one. The business man finds each day that it requires a greater effort of will to do his daily work and, at the same time, notices that it grows more irksome. The student finds his tired brain refuses to retain the details of the subject at hand. A few days away from the office, a trip to the country for a week or two, and the business man returns to his work with a new zeal. The student lays aside his book long enough each day for a long walk, a wheel ride, game of golf or some form of outdoor exercise and finds new zest in his studies. The mother, overcome by the cares of the household and social duties, leaves them for a visit with an old-time classmate or friend, after which she returns to the scenes of her home, taking up the duties with renewed energy.

We will now turn to that class of cases where the individuals have not heeded nature's danger signals, but gone on until the tired nerves will not respond to the needs of the hour, until the appetite is lessened and the night's rest is broken. The weakness is such that the day's duties can not be undertaken, yet with strength enough to go about. If the patient's circumstances will permit, travel in some form will prove the most valuable aid. By this I do not mean a tour of Europe, doing London, Paris, Berlin or some great center where the excitement and noise of business and society aggravate the

condition; but to some quiet place like the lakes of Switzerland, or, if in this country, to the mountains, or perchance a trip into the north woods, surrounded by the quiet and solitude of nature, not in a party, but with one or two congenial companions or a trusted guide. Many persons get great benefit by going to some quiet resort by the sea, where they can indulge in bathing, walks along the beach and light forms of amusement. I remember one young man who had tried various measures without relief was greatly benefited by a long sea voyage on a sailing vessel. Here we have in many respects ideal surroundings for this class of cases; separated from the ordinary cases of life, the daily routine tends to repose. There is opportunity for sufficient exercise, combined with the abundance of sunlight and fresh air, with the smack of the sea. If it is not possible for the patient to indulge in the more luxurious methods, other ways will have to be devised of obtaining a change of environment. Some form of outdoor life, with plenty of exercise which will not tax too much the already exhausted nervous system, with plenty of good, nourishing food, will go far toward effecting a cure. The main object is to get the patient away from the daily routine of existence to some place where the mind may be occupied with new scenes, combined with the best possible physical surroundings for the individual case. If such conditions can be fulfilled much has been accomplished toward a cure.

There is another class of cases where the weakness and irritability have progressed until the constitution is weakened, with loss of flesh, insomnia, dyspepsia and sensations of fear. It is in this class that the rest cure is indicated. Where possible the best results can be obtained in a properly conducted sanitarium, for the reason that rest,

special diet, artificial exercise and isolation can be carried out here better than in the home. The patient should be placed in a quiet, well-ventilated room, a good nurse obtained, preferably one who understands massage; the patient should not be allowed to exert herself, even so much as to turn in bed. As a rule, these patients do not tolerate their food well, hence it is an advantage to restrict their diet, in beginning, to liquids, milk preferred. It should be given at frequent intervals, the quantity increased according to the hunger of the patient. The question of nourishment and the gradual increase of movements will depend in every case upon the recuperating power of the patient and the judgment of the physician. Fixed rules cannot be established.

There is nothing that will keep up the nervous irritability so much as the presence of visitors, hence the isolation of the patient, according to most authorities, should be thoroughly emphasized. No one should be admitted but the nurse and physician; it is well for the latter to make visits at regular intervals and at a certain time, as it will serve to keep up the interest of the patient. In order to keep up the muscle tone, artificial exercise in form of massage is best, consisting of a careful kneading of the muscles, rather than mere rubbing. Hydrotherapy is a valuable aid, daily baths in bed, followed by alcohol rubs, or in some cases sheet-packs, where spinal irritability is present cold spray up and down the back is very useful, followed by brisk rubbing with a rough towel.

Many times we find an hysterical ele-

ment present; in such cases, Charcot recommends hypnotism and claims many cures, at any rate suggestion in some form is worthy our consideration.

In the time allotted only brief outlines of treatment can be given; as each class of cases merge into one another no sharp distinction can be drawn, hence the physician will have to apply, and elaborate upon, the principles according to the patient.

The medical treatment resolves itself into special and constitutional. In the main it is constitutional, but the persistent insomnia often proves to be very difficult and tedious. Kali phos., coffea, ignatia, hyos., bell, aurum, pulsatilla, camphor, cannabis ind. and ferr. phos. are timely homeopathic remedies. If we find it impossible by means of hygienic treatment, combined with the Homeopathic remedy, to control the insomnia, then we may have to resort to such remedies as trional bromides, chloral, phenacetin, sulfonal, passiflora or codeium, but at all times steer clear of true opiates. Sometimes an hypodermic of water or a sac lac powder, made slightly bitter, will work like magic.

For constitutional treatment I would suggest nux vomica, arsenicum, calcarea, sulphur, argentum, aurum, cimicifuga, sepia, phos., strychnia, zinc phos., china, ars., strychnia, ars. and picric acid. Owing to the varied and numerous symptoms present, the remedy range is wide and requires careful discrimination, according to the importance of the symptoms.

The hygienic treatment, as a rule, will be more valuable than the medicinal. Each and every case is a law unto itself and should be so treated. The old adage that what is "one man's food is another's poison" applies in the sense that what will cure one case may increase the suffering of the other.

ELECTRO-THERAPEUTICS IN THE TREATMENT OF NEURALGIA.

BY L. P. ANDERSON, M. D., Assistant to the Chair of Neurology in the Detroit Homeopathic College, Detroit, Mich.

It is not the purpose of this article to discuss the etiology or pathology of neuralgia, but to record the methods

of its treatment by electricity that I have found to give the best results. To proceed to the treatment without first

having touched slightly on our present conception of the nature of the disease, might be sacrificing both logical order and lucidity. We may therefore define neuralgia as a paroxysmal and intermittent pain of one or more branches of a nerve. The underlying condition is in most cases obscure, but the pain is most likely due to some irritating agent circulating in the blood, resultant of faulty metabolism. The irritation may be, and in most cases is, insufficient to set up an actual inflammation, as is shown by microscopical examination of the nerve tissue; this, of course, must not be construed to mean that we do not sometimes find an inflammation or a neuritis.

To classify neuralgia as being either idiopathic or sympathetic, by which is meant, in the first case, that the disease is purely functional, and in the second that it is due to an organic change in the nerve itself, seems to me absolutely valueless. The severe pain of a neuralgia cannot be caused by anything less than some irritant affecting injuriously the sensory neurons. The fact that we are not always able to demonstrate this irritating agent furnishes no ground for the claim that the disease is purely functional, but only proves that we do not possess the necessary means or knowledge for its demonstration.

I believe that it is a generally accepted fact that in rheumatism, gout, malaria, syphilis, diabetes and other dyscrasias, toxic substances are present in the blood, and we know that these diseases are the most common causes of neuralgia. Heredity, no doubt, plays a part in the causation of this disease, as the victims often come from neurotic families, or stock. Anemia is often present and considered a cause, but ought really to be considered a concomitant, as it is also a result of faulty metabolism. Reflexes as a

cause of neuralgia as well recognized, but are, I think, greatly exaggerated.

The medical treatment of a certain neuralgia is most unsatisfactory. Nearly all the remedies known to medical science have been used in the treatment of this obstinate disease, and few of them have made a permanent reputation. We often find ourselves compelled to resort to some of the anodynes for temporary relief; but their repetition is so soon, so frequently, and so urgently demanded that the conscientious physician must early come to feel that he is standing before the ugly alternative of refusing to relieve his patient, on the one hand, or of enslaving him to a drug on the other. It is when in this dilemma that electro-therapy will be found to stand him in good stead. We possess in electricity one of the most, if not the most, important therapeutic agent for the relief of neuralgia; but in no condition has it been more difficult to discriminate in the selection of the proper method of electrical application to be pursued in the different forms of neuralgia. No other condition taxes the skill of the electro-therapist to the same extent.

The successful treatment of the different varieties of neuralgia is truly the best test of skill in electro-therapeutics. There is no disease or symptom in which the results of treatment in different cases so closely depend on the nature and strength of the current used and the method and frequency of applications. Many cases that injudicious treatment aggravates, or fails to relieve may, by the exercise of the skill and caution that experience teach, be speedily cured.

Electrization in the treatment of neuralgia has achieved success that has been brilliant and remarkable and should entitle electricity to the most prominent and indispensable place in

the physician's armamentarium for the treatment of this disease.

Besides, the insight born from experience only, the principal guiding symptoms for the selection of current, is obtained by pressure. When firm pressure over the seat of pain aggravates, the galvanic current is indicated; while, when such pressure does not increase the pain, the static or faradic current gives the best results. If we fail to diagnose the general character of neuralgia, the best plan will be found to try in succession central, peripheral and general electrization; but we should endeavor to ascertain whether the neuralgia is due to central or peripheral irritation.

Many of the failures and disappointments with the use of electricity in neuralgia have been due to the mistake of treating the central varieties peripherally and the peripheral, centrally. If no temporary relief follows a peripheral application of the indicated current, then it is very probable that the seat of the irritation is in the nerve centers, but to be more certain, if an anodyne be introduced cataphoretically over the seat of pain and relief is not obtained, we may logically conclude that the affection is central. If, however, we obtain relief from a peripheral application it does not prove that the disturbance is peripheral, as we often obtain great relief from distal electrization when we know the real disturbance to be central. We see thus that it is easier to diagnose peripheral than central neuralgia.

I have found cases in which the pain has been temporarily aggravated between the applications during the first few treatments, and this seems to have been due to too long sittings or the employment of too strong currents. It is, therefore, judicious to commence treatment with mild currents and not too long applications, nor renew them too frequently. Once daily or every other

day is about as often as we should make the application. In regard to the method of applying electricity I can only reiterate that it must be studiously adopted and varied to each individual case. To go into a detailed description is outside the scope of this article, and such an attempt could only result in confusion. I may, however, state that beside the local application to the seat of pain, general, and sometimes central, electrization should be made for their systemic effect, and, in connection with this, let me state that no form of electricity equals the static for its tonic or systemic effect.

In neuralgia of syphilitic subjects I have obtained excellent results from the introduction of iodine by cataphoresis. This may be done fairly successfully by painting the back of the patient with tincture of iodine and applying the galvanic current. (This cannot properly be called cataphoretically introduced iodine, as the rapid absorption of the iodine is due to the increased circulation rather than to cataphoresis.) A better and more efficacious method is that introduced by Van Bruns and Beer, of Vienna, which consists in the introduction of a solution of iodide of potassium. For this purpose they have used a glass tube containing a platinum electrode at its stoppered end and covered by a piece of bladder at the other, the interspace being fitted with the iodide of potassium solution. This electrode is connected with the negative pole of a galvanic battery. Finding both of these methods lacking in certain essentials, I devised a special electrode for the introduction of ethyl iodide by means of the static current. This form of iodine is readily introduced by cataphoresis in its gaseous state, and as the heat of the hand suffices to disengage the vapor it presents a facility of introduction unequalled by any other preparation of iodine.

The general prognosis, taking the cases as they arise without reference to their pathology, duration or situation, is very favorable. The majority of cases will be cured or permanently improved. Patients of a neurotic constitution are, however, liable to relapse, no matter how successful the treatment may have been, and should receive treatment by static electricity as soon as there is any sign of return of the neuralgia.

Except in cases where accurate scientific records are desired of the results obtained by electrical treatment of neuralgia, I most strongly advise the additional employment of other remedial measures obtainable. The psychical receptivity of many of these patients must not be lost sight of, and the power of suggestion should be utilized, and in many cases this may be best accomplished by giving them "something to take."

Book Reviews.

Libertinism and Marriage. By Dr. Louis Jullien, surgeon of St. Lazare prison; laureate of the Institute of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. P. Douglas. Philadelphia: F. A. Davis Company, Publishers. 1901. Price, \$1.00.

This book is practically speaking a treatise on "Bleuorrhoea," as the author calls it, and how to prevent its transmission from the guilty to the innocent after marriage. The book is essentially French in its views of marriage and chastity and gives one an insight into the relations of the sexes in France. The author seems to have the same opinion as an old Bellevue professor, namely in order to escape venereal disease one must be exceptionally lucky or exceptionally virtuous, and he believed in neither.

Hay-Fever and Catarrh of Head and Nose. With their Preventive and Curative Treatment. By E. B. Fanning, M. D., Philadelphia: Boericke & Tafel. 1901. Price, cloth, 75 cents, net.

This is an extremely interesting little volume in which the author relates many of his own struggles with that most uncomfortable disease, hay-fever. We have tried many of Dr. Fanning's suggestions and found them very helpful.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Science. Edited by Hobart Amory Hare, M. D. Vol. III. Sep-

ber, 1901. Lea Bros & Co., Philadelphia and New York.

Vol. III. contains Diseases of the Thorax and its Viscera, including the Heart, Lungs and Blood Vessels, Dermatology and Syphilis, Diseases of the Nervous System and Obstetrics.

Among the many notable articles may be mentioned those upon Asthma, Tuberculosis, Cerebral Abscess, Hemiplegia, Tabes Dorsalis, Rupture of the Uterus, Lupus, etc.

New, Old and Forgotten Remedies. Papers by Many Writers. Collected, Arranged, and Edited by E. P. Anshutz. Borecke & Tafel, Philadelphia.

This is a collection of papers by the managing publisher of Borecke & Tafel, who was lead to compile this work because of many inquiries about various remedies and literature already published. Much of it comes from dusty old journals, and the good is mixed with the bad and indifferent. With the old remedies are the provings and accounts of some of the newest. We were at first inclined to pass over the work lightly as more of a literary curiosity than a literary work upon materia medica. However, a close acquaintance has convinced us that there is no end to the valuable suggestions in the book. It should find a place in every prescribers' library. Among the remedies in the book might be noted bacillinum, Tuberculinum, Aspidospermine, Echinacea, Parafine; Phaseolus, Heloderma, Fraxinus, Symphytum, Malaria Off., Skookum, Chuck, etc. There are about ninety remedies in all, most of them not found in the ordinary book on Materia Medica.

THE MEDICAL COUNSELOR.

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Editorial.

OUR MICHIGAN UNIVERSITY.

The following are the official figures of the registration up to October 1 at the University of Michigan:

	1900.	1901.
Literary department	1,173	1,203
Engineering department ...	310	423
Medical department	460	432
Law department	689	653
Dental department	249	180
Pharmacy department	63	54
Homeopathic department ..	58	55

Totals.....3,011 3,000

This shows a slight decrease over last year, mainly due to the increased requirements for admission to the medical and dental departments, while the increase in engineers shows that there is a demand for college graduates in this profession. If as many enter after

this date as there did last year the total registration for the year 1901-1902 will be 3,701.

The University of Michigan has but one rival as far as numbers are concerned in the country, namely Harvard, which stands at the head of the list. Figures for this year seem to show an increase to be the usual thing at nearly all the American universities. In spite of attacks from Schwab with his million dollar salary, Colis P. Huntington and others, the American college graduate is bound to come to the front. The example of one strong man like President Roosevelt, a graduate of Harvard in 1880, will offset the sneers and slurs of a thousand pin-heads, like Schwab, who can conceive of nothing outside of money.

A NEW MEDICAL JOURNAL.

A new journal, the Medical Magazine, Dr. Harvey B. Dale, editor, published in Milwaukee, has recently entered the ranks of Homeopathic journalism. The editor is well known, having long been in the field as a worker and successful physician, and recently an associate editor of the Visitor.

The Magazine offers its own explanation:

The Medical Magazine begs leave to enter the broad field of medical journalism without either labored apology or extended explanation. The one is unnecessary in this free country, the other would be uninteresting and a

waste of valuable time and paper. Suffice it to say that this journal is here, and that it means to remain. Without casting any reflections upon our many esteemed contemporaries, it may be said that the editors and publishers of the Medical Magazine believe that the homeopathic medical profession will gladly support one more good journal. The present publication is an earnest of the faith that is in them. Our readers may be assured that a conscientious endeavor will be made to place this journal in the front rank, to command success by deserving it.

The Counselor wishes good luck.

IRRITATION OF THE BRAIN IN CHILDREN.

There seems to be a state of brain occurring in children, which appears to hold an intermediate place between hydrocephaloid disease and that of inflammation. It may, on the one hand, run into inflammation, if neglected; and, on the other hand, is apt to be followed by symptoms of exhaustion and of hydrocephaloid disease.

In simple irritation of the brain the child is wakeful, scarcely ever sleeping, irritable and highly sensitive to every object of sight and sound. The pupil is in many instances more or less contracted, the limbs are in action and the head tossed about. The child cries without any apparent cause, and there is unusual liveliness and animation. It wakes suddenly from sleep, and starts at the least noise when awake. The fists are generally clenched, with the thumbs turned in, and the forearms bent upwards on the arms. Sometimes a degree of opisthotonos is observed, the legs being drawn up, while the head is thrown back. This state of things is usually, though not always, accompanied by increased temperature of the

head and of the skin generally, and by an accelerated pulse.

Some children seem to be much more prone than others to this affection, and it is in the nervous, weakly and scrofulous that it is most frequently seen. There is apparently an original difference or excitability of the nervous constitution, which predisposes them to be thrown into this state of erethism; and when this natural predisposition is not present, defective nourishment and a debilitated state of continued irritation of the nervous extremities, particularly of those distributed upon the mucous membranes, may be the exciting cause of this affection; hence, painful dentition, worms, an unhealthy state of the stomach, bowels or liver, or chronic and troublesome eruptions, or sores, or some disease or impurity of the blood, may prove the exciting cause of irritation of the brain or nervous system. When this state obtains, convulsions, it is well known, are apt to occur.

The most deceptive part of the disease is that the preternatural excitement and mobility of the nervous sys-

tem is apt to give rise to excitement of the heart and arteries, and determination of blood to the head, from the excited condition of the brain. If the case be regarded as one of active congestion or commencing irritation of the brain and treated irrespective of the peculiar state of the nervous system, exhaustion will speedily follow, and the symptoms of reaction and excitement from loss of blood will be added. If the same treatment be still pursued, the case will soon end fatally, and probably be attended with effusions of water into the ventricles of the brain.

If the body be examined after death, the effusion will of course be detected, and will be presumed to be the cause of death. But the real truth is in certain states of the nervous system, unpreceded by any great cause of exhaustion, an increased quantity of blood may be thrown to the brain, and give rise to all the symptoms of the first stage of an inflammatory affection. Such a condition cannot be removed by the ordinary allopathic antiphlogistic means, as these will aggravate the original excited condition of the brain and nervous system, inducing new and still more dangerous symptoms causing the case to terminate fatally, with all the signs of an advanced stage of dropsy of the brain.

In older patients these cases are apt to be attended with much delirium. They seem to be, but are not, cases of meningitis of any kind. They appear to be instances of a very dangerous modification of inflammation of the brain, which shows only increased vascularity, without any of the other signs of inflammation. The writer entertains no doubt whatever about the nature of these cases, viz: that they are not examples of inflammation at all, for they neither show the anatomical characters of inflammation, nor do they yield to the remedies for inflammation.

No doubt judicious treatment will throw much light on the pathology of these cases. If there be any manifest cause of irritation present, either from teething or a disordered state of the liver or bowels and this be removed and the child be placed in as quiescent a state as possible, by excluding it from light and noise, and every source of excitement, giving a dose or two of some sedative, and nourishing but unstimulating diet, and subsequently a gentle tonic, all the symptoms of brain disease will vanish.

Among the homeopathic remedies will be found *coffea*, *cannabis*, *ignatia* and *nux vomica*. It would be well to also keep in mind *conium*, *hyoscyamus*, *opium*, *assafoetida*, *chamomilla* and *valeriana*.
A. G.

Detroit Homeopathic College.

The Detroit Homeopathic College opened Sept. 25 with an increased registration over last year and a large number of new students. In the morning an informal gathering took place in the large lecture room, and addresses were made by Profs. Graham, R. C. Olin, S. H. Knight, J. M. Griffin, D. A. MacLachlan, B. H. Lawson and G. G.

Caron. Congratulations were in order upon the new college building and new dispensary. In the evening the faculty and students with their friends assembled again to hear an address by Dr. Samuel A. Jones, of Ann Arbor. The address was enthusiastically received and is intended as a completion to his book entitled the "Grounds of a Homeopath's Faith," published some time ago.

A Few Pointers.

Dunham writes: "Aconite is never to be given first to subdue the fever, and then some other remedy 'to meet the case,' never to be alternated with other drugs for the purpose, as is often alleged, of 'controlling the fever.' If the fever be such as to require aconite no other drug is needed. If other drugs seem indicated, one should be sought which meets the fever as well, for many drugs besides aconite produce fever, each of its kind."

Dr. Nash, writing of arsenicum, says: "In typhoids there is no remedy that prostrates more. Carbo veg and muriatic acid equal it, the difference being that the arsenic patient wants to be moved constantly, while with the other two remedies there is almost utter absence of any such show of life." The arsenicum patient is weak out of all proportion to the balance of his trouble, and it is of a general character.

Phosphoric Acid, Stannum and Sulphur:—The weakness complained of calling for either of these remedies is local in character and is confined to the chest.

Phosphorus:—Patient complains of "weakness" in abdomen.

Ignatia, Hydrastis, Sepia:—The "weakness" of these three remedies is complained of as being in the stomach.

Gelsemium:—General "weakness" of the muscular system.

Belladonna:—The pains of Belladonna appear suddenly and after a time disappear as suddenly as they came.

Stannum:—The pains of Stannum gradually increase to a great height and as gradually decline.

Sulphuric Acid:—The pains of Sulphuric Acid begin slowly and decline suddenly.

Lachesis:—One of the best remedies for headaches caused by exposure to heat of sun.

Veratrum viride:—Dr. Nash says: "I

once cured a man of a very severe and persistent attack of vomiting, which was aggravated on rising, with this remedy.

Veratrum album:—Ose word describes the conditions calling for this remedy and that one word is collapse. "Skin blue, purple, cold, wrinkled, remaining in folds when pinched; face hippocratic, nose pointed; whole body icy cold; skin, face and back cold; hands, feet and legs icy cold; cramps in the calves."

Capsicum:—"It is also a good remedy for dysentery, or the later stages of gonorrhoea, or in throat complaints, when there is great burning in the mucous membrane of the affected part. In short it is a remedy to be remembered in all affections of mucous membranes in any locality. The characteristic burning is not like that of arsenicum, but feels as if red pepper had been applied to the parts; nor is it relieved by heat applied, as is that of arsenic."

Stannum:—"These pains are ameliorated by pressure, like colocynth, so if colocynth fails, which is generally first thought of in abdominal pains relieved by pressure, stannum may relieve, and especially if the attacks have been of long standing or the patient seems to have a chronic tendency thereto."

Lobelia as a local remedy in stricture.—Dr. Boskowitz asserts in the Hom. Recorder, August 15, 1900, that lobelia will cure spasmodic stricture "as if by magic," and in permanent stricture where it is impossible to pass the smallest sound, the difficulty will be overcome after a single application of the drug. He drops into the urethra about fifteen drops of lobelia, then closes the meatus and holds the lobelia in the urethra for a few minutes. He has constantly employed this treatment for several years in cases of stricture and with uniform success.—Medical Times.

Gelsemium and Belladonna.—Gelsemium and belladonna are both class-

ed as sedative, antispasmodic and narcotic. Gelsemium, however, is sedative to the cerebro-spinal system, while belladonna is stimulant to it. Gelsemium relaxes; belladonna contracts. The former increases secretion; the latter decreases secretion. Gelsemium is indicated where the face is flushed, the eyes bright, the pupils contracted; when the heat of the head is increased and the patient excited and restless. Belladonna fits the case when the patient is dull and stupid from capillary impairment; when the eyes are dull, not bright, the pupils dilated, not contracted; the skin is red, perhaps dusky, the patient is dull and sleepy, which may lead to coma. When the urinary secretion is free and insipid, belladonna is indicated; while if it is scanty, much colored and heavy, gelsemium is the remedy.—The Critique.

Chronic Diarrhœa Cured by Nux Vom. 3.—A woman, 60 years of age, had suffered for five months from chronic diarrhœa; unsuccessfully treated allopathically, during their period. The evacuations were thin, mixed with blood, accompanied by severe pains, and frequent but fruitless urging to stool. The diarrhœa awakened her every morning at 4 o'clock. She was entirely cured by nux vomica 3. Three drops three times a day.—Hom. Monatsblatter, December, 1900.

The Pathology of Hysteria.

T. D. Savill says that hysterical attacks differ from all others in that they can be produced in a large number of instances at will by pressing on the inguinal region. Pressure exerted on this region produces either a syncopal attack which resembles the aura of a hysterical seizure or a sensation rapidly rising from the groin or abdomen to the chest, and forming in the throat the "globus hystericus." At times bystanders can hear the attempts of the

patient to swallow the "ball." In other subjects pressure produces a feeling of "faintness and sinking in the abdomen." This symptom should not be called, as it is by some, "ovarian tenderness," for it has not the slightest resemblance to it. It should be described as the "hysterogenic phenomenon," or "inguinal phenomenon." It may be observed in the male. The points of pressure should be called "hysterogenic zones." These zones are never on the limbs, although they may be scattered over the trunk. In some patients pressure on one zone will produce an attack, while pressure on another will stop it. By far the commonest zone is that supplied by the ilio-hypogastric. This nerve is centripetal, starting from the skin over the buttocks and the inguinal region, and passing into the abdominal cavity, where it joins the lumbar, and comes in close relationship with the solar plexus. There are many reasons for believing that these attacks are due to a sudden dilatation of the abdominal vessels. If this reasoning is correct, we can see how pressure could produce the symptoms concomitant with the hysterical aura. The ilio-hypogastric nerve is apparently the centripetal depressor nerve of the abdominal sympathetic, and irritation of it by pressure in this region produces dilatation of the splanchnic area, and consequently cerebral anaemia. There may be other depressor nerves in patients who present other hysterogenic zones.—Hahn. Month.

Under the heading "A True Story," the Denver Medical Times tells the following:

"In the city of Denver there lives an old veteran with a wooden leg. One of his near neighbors is a female 'Christian Scientist,' who is de facto a 'healer.' She had remarked the old man's imperfect gait, and at once set about on the

sly to effect a cure, a la Mrs. Eddy: 'No such thing as a leg; hence, no such thing as a limp. Avaunt, limp, thou delusion of mortal mind!'

"What was the healer's joyful surprise, a few mornings later, when she beheld our militant friend passing by with scarcely a sign of a limp. She eagerly hailed him on his return and said: 'Oh, my dear Mr. Blank, I have been constantly thinking and praying for your recovery, and it appears that my prayers have been answered. Now, what do you think of Christian Science?'"

"The old warrior stared, reddened, grinned and replied: 'Wal, marm, you see my old wooden leg was mighty nigh worn out an' wobbled considerably, but this new piece o' timber that I got yesterday goes a damsite better.'"—Envoy.

Notes.

Prof. Arthur E. Gue, Detroit Homeopathic College, has purchased himself a new house on the corner of Hancock and St. Antoine avenues. Prof. Gue believes in being up to date in houses as well as in the practice of medicine.

Dr. Francis X. Spranger, Jr., receives patients for treatment of throat and nose diseases from 1:30 to 4 afternoons, Homer Warren building, corner Woodward and Witherell. Telephone Main 508, Detroit.

In operations on alcoholic subjects it is often necessary to watch the patient carefully, because delirium tremens may occur after any severe injury or operation, even in patients who have not touched alcohol for several weeks.—Era.

In passing a sound, no deviation from the median line can possibly be of service. If the sound cannot be introduced with the aid of patience and gentleness, rough methods will certainly not succeed.—Era.

Dr. William Tod Helmuth spent a

busy season abroad. He and Ambassador Choate were two principal speakers at one of the great London banquets in July. The doctor made the acquaintance of King Edward VII. while in England. Later on, Dr. and Mrs. Helmuth made a trip through Norway and Sweden.

Messrs. Boericke & Tafel have opened another pharmacy in New York city, in the "uptown" district, at 634 Columbus avenue, near Ninety-first street, being the third pharmacy in New York city for this progressive house and their tenth in the United States. Good medicines seem to pay.

Ernest Grisbrook, of Cheboygan, is in the University pesthouse on account of his having come down with smallpox. He started from his home a couple of weeks ago and remained in Detroit until Monday last, when he came to the homeopathic hospital in Ann Arbor to be treated for chronic dyspepsia. Soon his temperature commenced to rise and as quick as there were any suspicions of a contagious disease he was placed in an isolated ward. Saturday it was determined definitely that he had a genuine case of smallpox and he has been removed to the pesthouse. Dean Hinsdale, who is also president of the city board of health, has closed the hospital against any patients until further notice and nobody would be permitted on the grounds without a permit from him. This is simply precautionary as the guard thrown around to prevent any spread is undoubtedly very thorough. "There is no danger of any other cases breaking out from this one," said Dr. Hinsdale.—Daily paper.

The fourteenth annual session of the American Association of Official Surgeons occurred in Chicago Sept. 18 and 19. A large number were in attendance and the well-filled program was productive of much discussion and contained much information along the line

of the official philosophy that was of interest to the profession. Occurring, as it did, during the week of Prof. Pratt's September course in official surgery, it proved a veritable mecca for all the disciples of this great and good man and most wonderful teacher. Dr. W. E. Bloyer, of Cincinnati, presided with dignity and ability. The officers elected for the ensuing year are: President, Henry C. Aldrich, Minneapolis; vice-presidents, G. R. Herkiner, Dowagiac, Mich.; G. A. Shoemaker, Lincoln, Neb.; secretary, R. St. J. Perry, Farmington, Minn.; treasurer, T. E. Costain, Chicago. It is expected that the transactions will be published in pamphlet form. A large number of new members joined during the session.

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A FEW WORDS FOR THE UTERINE SOUND.

BY ALBERT G. BEEBE, A. M., M. D., Chicago, Professor of Surgery Chicago Homeopathic Medical College.

The practical introduction and advocacy of the use of the uterine sound by Sir James Y. Simpson, marked a very long step in advance, for the science of gynecology. And the disposition on the part of some recent practitioners and writers to banish the use of this instrument from modern gynecological practice, to a very large extent, at least, which has been manifested during the last few years, would, if successful, mark a no less important retrograde step.

THE REASON WHY.

A thorough diagnosis and comprehension of pelvic diseases cannot, in a large majority of cases, be accomplished without the aid of this instrument.

The position of the uterus and the condition of the endometrium are the two elements of dominant importance in such cases. The recognition of the conditions of the adnexae and of the periterine tissues depends largely upon that of the uterus itself and generally grows out of it. In other words, most of the diseases of the organs about the uterus originate in the womb and their successful diagnosis and treatment must commence there. The medical profession has been very slow in recognizing this fact; but it is coming nearer year by year. If it had been realized twenty years ago, there would, to-day, be thousands less of "castrated" and otherwise mutilated women above ground and beneath it.

Without further elaborating this

statement, it is equally obvious that the only thoroughly conclusive way to demonstrate either the position of the uterus or the condition of its lining membrane, in a large majority of cases, is by the use of some kind of a uterine sound. The differentiation of pelvic tumors and uterine displacements, would, in many cases, be impossible without its aid. There seems to be no way to account for the numbers of patients who have gone from doctor to doctor or who have dragged out years of despairing invalidism from displaced and diseased uteri, without the recognition of the real nature of their complaints, unless it be due to the growing fear which is being urged upon the profession, for the use of the sound by the ultra asepticians, who magnify the dangers of "infection" above every other consideration. Now as to

THE DANGER OF INFECTION,

let us consider a moment. There never need be any real difficulty in keeping a smooth, simple instrument aseptically clean. Even simple washing after use would doubtless accomplish this, but in addition, nothing could be easier than to dip it into 95 per cent carbolic or any other disinfectant just before using it. If passed through a speculum, the os may easily be cleansed, and at the worst nothing more serious than the vaginal and uterine mucus could be carried up by the sound and the uterus is constantly exposed to this. Even if

passed without the speculum, the protective antiseptic vaginal secretions are a sufficient safe guard against the introduction of any foreign infection, if any reasonable care is exercised. In its ordinary condition there is no reason to suppose the cavity of the uterus is any more susceptible to infection than the mouth or the rectum. I do not by any means counsel carelessness or neglect of all reasonable precautions, but I assert without hesitation that with such precautions there need be no fear nor objection to the use of the sound. Were I shut up to the use of but one instrument in gynecological examinations I should certainly make that one a sound. I have been using it constantly for more than thirty years and do not believe I have ever carried infection by its means, nor that it has ever been other than a help and blessing to my patients and to me. Of course, like every other good thing, it might be made to do great mischief if not used wisely and carefully, but that is no reason why its use should be abandoned by careful and skillful men.

THE KIND OF SOUND.

Quite a variety of sounds have been used although the one originally devised by Simpson has more commonly been employed. Indeed, hardly any other kind is sold in the instrument shops, unless occasionally a Sims' probe; sometimes modified so as to readily measure the depth to which the instrument passes. For myself I have long since discarded this form of instrument as unsatisfactory, and have substituted for it one made of aluminum of the form shown in the accompanying cut.

The advantages of this are (1st) Its size and conical form make it, not only a test of the normal size of the uterine canal, but a dilator also, where this is necessary; (2d) Its large size also makes it the best repositer of a displaced uterus, as it is free from liability to abrade the mucous membrane by catching in any rugae or flexions which may exist in passing, or by pressure against the fundus. And as any pressure used in repositing the uterus should be made mostly at right angles to the axis of the uterus, as well as slightly against the fundus, the instrument offers the largest possible surface to the uterine canal. (3d) Being made of aluminum its weight is reduced as much as possible and its tactile value correspondingly increased: since it is evident that the less weight an instrument has the more delicate the sense of touch which it conveys. Indeed, as I have been in the habit of saying, the sound is simply an elongated and slender finger which reaches and feels where the finger itself could not. To the practiced hand it almost seems that the tactile nerves may be made to extend out to the tip of this artificial finger, so acute does it become in revealing the varying conditions it meets.

It seems ridiculous that it should be thought necessary to emphasize the fact that uterine diseases are generally within the uterus, and not in the vagina. Consequently, the prevailing method of treating such diseases by stuffing the vagina with glycerized tampons, or the injection of warm (or hot) water into the vagina is on a par with the antiquated method of treating nasal catarrh by rubbing goose grease upon



Length about 10 inches. Size at tip No. 10, French scale, and at 2 inches from tip it is No. 15. At $2\frac{1}{2}$ inches from the point there is a transverse groove to indicate the normal depth of the uterus,

and upon the front of the handle some indentations to indicate the direction of the curve. In cases of stenosis a smaller size (tapering from No. 11 to No. 3 or 4, French), is often useful to commence the dilatation.

the outside of the nose. It is only a pretense; accomplishes little, if any good, and robs the patient of her money, her time and her confidence in medical skill. The sooner we familiarize ourselves with the conditions exist-

ing inside the womb and address out treatment to correct those conditions, the sooner will we get on the road to success and justify our claim to scientific knowledge and skill. But this desideratum is not to be achieved by decrying the use of the uterine sound.

UTERINE PUNCTURES.

BY R. H. STEVENS, M. D., Detroit, Gynæcologist to Grace Hospital.

In a recent trial for manslaughter of two physicians on a charge of performing a criminal abortion, the testimony showed, briefly, that a young woman came to the office of one of the doctors referred to in great abdominal pain. She had apparently been well before leaving for the doctor's office a short time before. The doctor, without making local examination, suspected appendicitis, gave one-half grain of morphine, and sent the patient to the hospital, where he met her about a half hour later. In the meantime he summoned a surgeon. At the hospital the first doctor learned the true nature of the case to be one of abortion. Anaesthetic was administered, and an attempt made to empty the uterus, but the patient behaved badly from the start. The surgeon proceeded to dilate as usual and then to remove the contents of the uterus by placental forceps and curette, when to his astonishment he drew down a piece of intestine instead of the ovum. The patient collapsed so badly that it was deemed advisable to replace the intestine and tampon, and to postpone further operative measures. The surgeon discovered that he had entered an opening in the anterior wall of the cervix with his dilating forceps, dilated the opening supposing his instrument was within the internal os, and then, entering the abdominal cavity with forceps, after a fruitless attempt with the curette, had brought down the intestine. A very dark foetus was expelled next morning

and the patient died the afternoon of the same day.

The post mortem examination showed an opening extending through the anterior wall of the middle of the cervix, up through the broad ligament into the abdominal cavity, a small clot of blood in the anterior cul de sac, and evidences of septic peritonitis.

It was asserted by some surgeons that the patient died of hemorrhage; that it would have been impossible for the girl to have gone from her home to the hospital alone with the puncture in the uterus. Later it was claimed that it would be impossible for a patient to live with such an opening in the uterus without having a laparotomy performed to close the wound. It was these statements which led to an investigation of the literature on the subject with the following results.

Kelly in his "Operative Gynaecology" says: Normally the uterine wall is firm and resistant, and even marked pressure made upon it by the sharp curette would not be sufficient to perforate its walls, but occasionally, the muscular tissue is thin and friable and even the slightest pressure suffices to cause a rupture. This is especially liable to occur in curettage after abortion, or in septic cases. I have known of three deaths occurring in young women from peritonitis produced by perforation with a curette, and several dreadful accidents have been recorded." He fur-

ther states that he himself has perforated the uterus six times without any serious trouble following. One of his cases was a tubercular one where the uterine walls were thin and soft; the dilators ruptured the cervical walls laterally through the broad ligament into the peritoneal cavity, allowing the omentum to escape into the opening.

He also reports a case where the uterus was anteflexed so that the dilators would not enter the internal os readily, when force was used and perforation occurred. In speaking of this case he says: "The risk of perforating an anteflexed uterus in this way is so manifest, that I cannot escape the conviction that such an accident has happened more frequently."

O. Beuttner (*Centralblatt für Gynäkologie*, No. 42) makes some extraordinary observations concerning two cases of dilatation and curettment which he reports and which he surely must have punctured. In the first case the sound was passed to the depth of seven centimetres. On resorting to the use of the dilators he could introduce them to a depth of thirteen or fourteen centimetres. After removing the dilators he found on bimanual examination the uterus could not possibly have been more than seven centimetres. The case was treated aseptically without laparotomy and made a good recovery. A second case was similar. Beuttner asserts that there was no possibility of puncture in these cases but that there existed in the uterine tissue peculiar elastic conditions which was provoked by certain instruments. This explanation seems absurd, and there must surely have been puncture in these cases, recovery taking place as it frequently does without operative interference.

Courant (*Centralblatt für Gynäkologie* No. 42) reports a case of intraligamentary fibroid where he curetted and accidentally punctured the uterus, the perforation being demonstrated by a subsequent laparotomy. He remarks

that the uterus may be in such a pathological condition as to be easily perforated. Particularly is such apt to be the case in infected puerperal cases and in subinvolution.

Dr. A. Brothers, of New York (in *American Journal of Obstetrics* No. 244), reports a case of chronic endometritis where he carefully dilated the uterus and found it to tear instead of stretch. The curette entered four and one-half inches. At the same sitting he performed a double salpingectomy and demonstrated a tear in the uterine wall one-quarter of an inch wide. The uterus was packed, the opening closed by suture and the patient made an uneventful recovery. He says: "This is not the first time in which I have punctured a uterus * * * In speaking with colleagues who have operated extensively I find such experiences are not uncommon. And I do not refer to clumsy and bungling operators, but to those who are known to use care and gentleness in their work."

Dr. Jas. Ross, of Toronto (*Am. Journ. Obs.* No. 244) reports a case on which he was about to perform an abdominal operation. The case was profoundly septic and the tissues were very soft. He asked the house surgeon to introduce the sound from below, and when he did so, Dr. Ross felt it beneath the abdominal wall. The sound was held in position while he cut down on it.

Duhrssen (*Munch. Med. Woch.*, No. 21) reports a case in which pieces of placenta were retained in the uterus. He and another physician attempted to remove them with a curette, but the placenta was so firmly adherent and hemorrhage so great that they desisted and tamponed the uterus. They removed the tampon 48 hours later, when the hemorrhage continuing, they removed the uterus. On examination of the specimen they found portions of the uterine wall had been removed by the curette, thus demonstrating the fa-

cility with which even the greatest operators may scrape a hole in a soft friable uterus.

Queisner (*Centralblatt für Gyn.* No. 27) reports a case in which he perforated an adherent retroflexed uterus with a Fritsch-Bozeman catheter during irrigation, after replacement by the Schultz method. The patient made a good recovery without laparotomy.

Guerard (*Centralblatt für Gyn.* No. 27) also reports a case of puncture. The patient supposed she was at the end of pregnancy, and was suffering from paroxysms of suffocation. A physician attempted to induce labor by use of a bougie. When seen later by Guerard she was septic, and, on opening the abdomen, found a rent in the uterine wall. He also found that the woman was not pregnant, but had, instead, tubercular peritonitis with ascites; and the enlargement from this, together with the cessation of the menses, caused the mistake in diagnosis. Here, no doubt, the uterus was very soft and friable from the tubercular condition present.

Chas. Green, of Boston (*Am. Journ. Obs.* No. 199), reports rupturing a fibroid uterus while dilating the uterus. The patient made a good recovery under palliative treatment.

Several of my colleagues in Detroit have reported similar experiences.

No doubt, were half the truth known,

*Since preparing the above article our attention has been directed to an article by Dr. W. P. Manton of Detroit on the subject of "Rupture of the Uterus" (*Detroit Medical Journal*, Vol. I, No. 1, April, 1901). The doctor relates a case of abortion of a decomposed foetus at 6th month with rupture of the uterus during manual delivery. In this case laparotomy was performed and an attempt made to suture the rent to stop bleeding, but the tissues were so soft and friable that the sutures and ligatures would not hold, and it was necessary to perform hysterectomy in order to check the hemorrhage. Such a uterus would easily be punctured or ruptured by a curette or dilators in the hands of the most skillful. The patient died on the third day.

the accident would be found to be a very common one, considering the number of cases of dilatation and curettment by surgeons of all degrees of skill, and the number of cases lately reported by surgeons of prominence whose reputation would not be injured by reporting their accidents.

As to the possibility of a woman being able to walk about the streets with a puncture in the uterus, the evidence gathered from cases reported, including cases of rupture of the puerperal uterus, goes to show that the symptoms may be negative, slight or severe, depending entirely upon the extent of the tear, the involvement of blood vessels, the amount of bruising and laceration of tissue and sepsis.

Ross, of Toronto (*Am. Journ. Obs.* No. 264, p. 822), who has had considerable experience in this class of cases, says: "Cases of rupture of the uterus may be divided into four groups. First, those that are beyond hope from the first, that have the usual classic symptoms of rapid pulse, dyspnoea, precardial uneasiness, nausea, vomiting and cold perspiration. Second, those cases that have, owing to delay, passed beyond the operable stage, and have become ill with commencing septicaemia and peritonitis, peritonitis and septicaemia drawing attention to the case, and this extra attention revealing the fact that a rupture of the uterus has occurred and been present "without giving rise to any early symptoms to indicate its existence. Third, the class of cases in which rupture is not immediately fatal, in which it is early recognized, and in which the patients are in good condition for operative interference. And fourth, a class of cases that I believe do occur, in which rupture is never recognized, but in which septic symptoms develop without any rhyme or reason."

Of course Dr. Ross is speaking here of cases of rupture of the puerperal uterus, but the lessons these cases teach

will apply in cases of rupture or puncture from other causes.

As demonstrating how little inconvenience some of these cases of rupture cause we note another case reported by Leopold and quoted by Ross, where a woman ruptured her uterus two or three weeks before quickening, suffered no great inconvenience till after the movements of the child began. She then suffered severe pain and was bed-ridden most of the time till term, when the foetus was found in the abdominal cavity enveloped in a thin membrane. Jolly's well known statistics of 580 cases of rupture of the uterus show that external hemorrhage occurred in 148, collapse in 179, vomiting in 147 and abdominal pain in 133.

As to treatment, we learn in the first place, from these cases, the importance of preventive treatment. Before dilating and curetting any case a thorough examination of the uterus should be made, bimanually and with the sound. By bimanual examination the position and relative size of the uterus can be ascertained. Then by means of the sound, gently introduced, bending it to follow the course of the canal, without force, worming it along first one way and then the other, when meeting with obstruction, we learn the direction of the canal; the depth of the uterus, and its exact position with the degree of flexion if any. Extreme care should be used in flexions, chronic endometritis, abortions, particularly if septic, and tubercular cases. The dilating forceps should be delicately poised between thumb and fore finger, and introduced without force. Dilatation should then be made, without much force, and in every direction, a little at a time, avoiding tearing if possible.

Bibot (*Archives de Tocologie et de Gynecologie* No. 5, 1894) says of the use of the curette: "Perforation is impossible with the use of a blunt instrument

if moved about in a slightly oblique direction, and not vertically."

If puncture or rupture occurs conservative treatment appears to have the preference among the authors quoted.

Kelly says: "In case of perforation of the fundus by the curette there are two plans of treatment feasible, either to pack the uterine cavity with gauze, and allow the opening to close of itself, or to open the abdomen and suture the rent with catgut. Unless the rupture is extensive, I advise the former course. If there is any escape of bowel or omentum it will be safer to do a celiotomy."

From the study of the experience of the prominent surgeons quoted, we draw the following conclusions:

1. Uterine punctures are probably of much more frequent occurrence than we are aware.

2. Uterine punctures are, by no means, always the result of carelessness on the part of the operator, the uterus often being so soft and friable that it will be torn or punctured upon the slightest operative interference.

3. Coeliotomy is not indicated in puncture, except in septic cases, or in cases where hemorrhage is severe or uncontrollable; the treatment is simple, aseptic cases being to replace intestine or omentum if protruding through the opening and to tampon.

4. Extreme care must be exercised in dilating and curetting in antiflexion, chronic endometritis, septic and tubercular cases.

5. It is not only possible for a woman with a punctured uterus to live without treatment, but to live in comparative comfort; and, even in a rupture large enough to permit of the escape of an eight and one-half months' foetus into the abdominal cavity it is possible for the woman to suffer no inconvenience for awhile at least, and to live without very serious disturbance for awhile.

PILES CURED BY THE SIMILAR REMEDY BETTER THAN SURGERY.

BY WM. L. MORGAN, M. D., Baltimore, Md.

Read at Meeting of Southern Homeopathic Society at Atlanta, Ga., October, 1901.

March the 6th, 1894, I was called to see Mrs. X., age 51, medium hight, light complexion, mother of six children, one married, fleshy, suffering with protruding and bleeding piles and Prolapsus-Uteri, which had troubled her for several years.

I found her lying on a couch unable to get up, giving expressions of intense pain, and afraid to move on account of the great soreness of the parts and great pain from any contact. Had diarrhoea with much mucus discharge with small lumps looking like gelatin, and often blood—great pain during and after each action.

In answer to questions, she said she had such spells frequently, averaged once a month, but not so bad as this. I noticed she often caught her breath and gave expressions to very sharp pain. I asked what it meant; she said it was sharp cutting pains starting from the piles, darting upward through the abdomen.

That being a special and peculiar symptom and a clue to the case, a little further investigation of the entire patient showed a complete Sepia case. I gave her Sepia c. m. a powder on the tongue, and other powders s. l. to take in water every two hours, and told her that if she was not better day after tomorrow to send for me to see her again and started out.

I heard no more from her till April the 16th, 1895, when she called at my office to pay the bill and told me that when I left her, in half an hour she was quite easy. In the evening she walked about the house comfortably and in five days went to her work as a janitress of an office building, and had not had a sign of trouble since. I have

met her son-in-law often and he tells me she is in good health. Please observe I did not prescribe Sepia from one symptom, the shooting pain, but from a large number of symptoms, all pointing to the same remedy, the totality of symptoms.

CASE II.

INDIGESTION, PROLAPSUS-ANI AND BLEEDING PILES FOR TWENTY YEARS.

Dec 23rd, 1895. Mr. S. T. J. Tall, slender, rather delicate appearance, age about 45—a well to do and fairly intelligent farmer and country storekeeper, from Southern Maryland, called to get treatment for indigestion, recommended by another patient; he appeared to be disappointed when he found that I did not have the medicine done up in stock and ready to deliver at once, but was well pleased to find me investigating his whole case to treat his entire condition. He then told me of the long lasting Prolapsus-Ani which was always left protruding one to one and a half inches after each stool and had to be replaced and often with great pain and bleeding, and was much pleased when I told him that it could be cured by medicine, as he had always been told that there was no cure but by surgical operation.

After a careful investigation of his entire case, and writing it out, referring to repertoires and found Aloes. soc. the indicated remedy and proved it by the provings in the guiding symptoms, he got the 30th a dose every six hours, when better to be taken but one a day.

26th. Reported piles much better, continued same.

27th. Still improved, gave the 200th

once a day to once in three days.

Jan. 3rd, 1896 Piles very comfortable. Prolapsus better than at any time for ten years and bowels moving nearly normal, better than for several years, but the stomach symptoms not changed but better defined, and after a careful investigation of the then existing symptoms I found Nux. v. to fill the indications, he got the 200th a dose after each dinner, when better every other day.

Jan. 17th. Much improved. Continued Nux. v. 200, same.

Feb. 1st. Wrote me, "I am nearly well, sent him Nux. v. c. m. one dose a week.

He soon after reported entirely well, but wrote of his son.

CASE III.

THE 12-YEAR-OLD SON OF THE SAME

He wrote me on

Feb. 12th. "My son, 12 years old, has the same prolapsus that I did, and has had from infancy. Please send me some of the same remedy that helped me so quickly." He got the same.

Feb. 21st. "Son better but you had better send some more powders." Which he got and it cleared up that case, without any operation and no loss of time from business, and both are well pleased and have sent me several other cases.

Those patients lived in a malarial district and I have treated each of them and some of their neighbors since for ague, both primary and old suppressed cases, but what attracted my attention is they and others from that place required aloes in the pile treatment. Whether the malarial miasm was a factor in shaping the hemorrhoids and the symptoms, or is it a family idiosyncrasy, I am not able to determine.

CASE IV.

May 5th, 1894.

Mr. A. B., a nice-looking young man, age 21—A case of gonorrhoea of but a few days' standing. Medorrhinum

c. m. after a few days followed by other indicated remedies; the case lingered but progressed easily and he appeared to be entirely well in September; he went on fairly well, taking cold often and requiring occasional prescription till—

June 11th, 1895, he appeared with several well defined fig-warts, on anus and genitals, but the important one was in the pupil of the left eye. It had its base in the inner border of the iris, growing directly across the pupil which was much dilated, extended about three-quarters across. It could be distinctly seen through the corneal membrane; it seemed to be in the shape of an arbor vita tree growing in an open field and of a delicate pink color. The eye was inflamed, looked red and was painful.

After a careful study of the case, he got Thuja. 200 six No. 20 pellets once a day.

Aug. 30. Thuja 200, once in three days.

Oct. 4. Nearly well, Thuja M, one dose and s. l.

Oct. 22. Medorrhinum c. m., one dose on account of a slight stinging in the meatus-urinaris.

After this a series of morbid symptoms followed too tedious to describe, but will be found in Hering's Guiding Symptoms, and it is supposed that every Homœopathic physician has it. See the 8th Vol. pages 538 to 566; it will pay to read it. The gonorrhoea was well, and the Sycosis was well, but the man was not, and my object was to get him well. So on Dec. 15th, 1895, he got Peorimum c. m. which finished the cure. The Psora, the oldest miasm, disturbed the vital-force, retarded the recovery from the Gonorrhoea and Sycosis and then manifested its presence by keeping the health generally disturbed till combated with its similitimum then order was restored and he remained well.

I would like to read the comments of other physicians on this case.

I have not given all the symptoms which were present to indicate the remedy for such common remedies are well proved, and it is supposed that every physician has repertories and *Materia-Medica*s which it is necessary to consult on all occasions in order to do exact prescribing, and no other than exact work will insure success, or do just credit to the name of Homeopathy.

After I had finished the Case Second, Mr. S. T. J. yesterday evening came to my office for further treatment and stated his case.

About three weeks ago he had the grippe, had taken the usual quinine and ended with the "big dose of calomel," and, as usual, the grippe was supposed to be cured, but left him with a very severe catarrh in the head and a return of the prolapsus, but only on the left side, no bleeding and but little pain, only protrude during an action, easy to push back, stool once a day but

variable, mostly soft, has been troubled for some time with *ascarides* which lately pass in large quantities.

Catarrh symptoms, a little frontal headache. Nose stopped up and some pain, had to breathe by mouth. Plugs of mucus and yellowish slime in posterior nares falling into the fauces, had to hawk and spit a great deal, with some irritation in the supersternal region. All symptoms indicated *kali-bi*. He got c. m. and with a promise to write me in twenty days, he started to his home.

This is not uncommon in psoric subjects. They will appear to be well cured, but at any future time something will bring it out again. La grippe always finds the weak organs and redevelops old miasms, but when it comes out is easy to find the anti-psoric remedy and make a permanent cure. I have had cases of this kind and when the second case is cured, there are other troubles besides the piles cured, and generally leaves a better condition of health.

HINDRANCES TO MEDICAL PROGRESS.

BY D. MALCOLM, M. D., Hutchinson, Kan.

It is not my intention to deny that we are not making progress in the science of medicine, for every person except a few chronic pessimists know that we are. But it seems to me that we are entering upon a new stage in the practice of medicine, and it is one that renders a medical education almost unnecessary. I refer to pharmaceutical and other secret medicines. I will mention a few by way of illustration. There are thousands of them, such as the Roberts-Hawley Lymph which cures all chronic diseases. *Peruna* cures all nervous troubles. *Sanmetto* cures all urinary troubles. *Antikamnia* relieves all pain. The doctor does not need to know how to mix and prepare

his medicines. They come already put up in tablets, pills or capsules all ready to be swallowed, and they come in bottles labeled with full directions of how to take them and what to take them for. No doctor needed. I have nothing to say against the medicines nor the method of administering them. But I wish to note that while the doctors are trying to protect themselves (I should say the dear people) against ignoramuses and quacks on the one hand, we are allowing the druggists to fill the country with medicines all ready for use, and many educated doctors carry in their cases medicines of which they know only the name. Is it possible that medical colleges of the fu-

ture will simply devote their time to teaching the use of secret medicines, the composition of which they will be entirely ignorant? Under such circumstances it seems the doctor could hardly afford to look wise.

There are many secret medicines which are valuable. I know of one which I believe is the only certain cure of syphilis in existence. I wish, however, to note that there is something radically wrong when medicines of so much value are kept a secret. Why are they kept secret? When this question is satisfactorily answered we will find one of the causes of hindrance to medical progress. The Apostle Paul will help us to solve this problem. He said the love of money was the root of

all evil, and it is the root of this evil. This evil and nearly all others will continue so long as money is our method of distributing wealth. If we had a different and better system of distributing the wealth produced, such valuable discoveries would not be kept secret. As it is at present there are thousands puzzling their brains by day and night to find something by which they can squeeze the money out of the dear people, and they are doing it very successfully. Every respectable doctor should lament this state of things. This is in my opinion a greater evil than the uneducated quacks. We should remove the incentive to secrets in medicine. But progress in this direction will be slow.

ECZEMA.

BY F. L. DAVIS, M. D., Evansville, Ind.

Read before the Indiana Institute of Homeopathy.

After stating briefly some of the underlying causes of Eczema, without presenting to you the opinions of medical writers of the past, I will retain your good will by abridging this paper and giving you the time to discuss, if you choose, the thoughts here presented.

Among the causes of Eczema may be mentioned:

- A feeble constitution.
- Impoverished blood.
- Weak skin; weak veins.
- Poor food.
- Malassimilation of undigested food.
- Hyperaemia.
- Irritating local applications.
- Vaccine or vaccinia.
- Poison Ivy or Rhus Tox.

"Eczema is not a specific in nature or cause."

Eczema is a result arising from the several causes above named.

Eczema is a vesicular form of eruptive disease; it is non-contagious, and is said to constitute about one-third of

all eruptive diseases. We find it all along the life line from the nursing babe to old age.

Some one has said, that among the characteristic symptoms, of redness, itching, infiltration, tendency to moisture, crusting or scaling, and cracking of the skin, there will always be three (3) or more of them present. It may develop in patches, or appear in larger sections of the body.

Young children suffer most. It is reasonably safe to say that in one thousand (1,000) sick children within the first year 10 per cent. or 100 of them will have Eczema.

From 1 to 4 years, 3 per cent. or 30. After 6 years of age, you may expect less than 1 per cent.

I presume that bacteria is always present as a result, and yet an irritating cause, because of its activity manifest in the propagation of their kind, whether vegetable or animal, and it is highly probable that both may be found in the different causes of eczema named

in this paper. Though I do not believe that both will be found in the same case. It has recently been shown that malaria is caused by a protozoic, or minute animal parasite.

There remains scarcely a question of doubt, that the "Micro-organism that produces vaccinia—that is, modified smallpox—has been shown to be very probably a protozoon."

The same line of reasoning will favor the opinion that eczema caused by vaccine should be classed as above—and resulting from the family protozoon.

However, it is a very perplexing disease to manage, and will tax the patience of both patient and physician especially of teething children, who are hard to cure before the teething process is completed.

Eczema is sometimes a local manifestation of constitutional functional disturbance; hence the importance of avoiding every condition, or thing that lowers the vitality, and adopting every condition that will build up the body and keep it well.

If you find the indicated remedy among the Nosodes, do not hesitate, nor use it too low, but give it, and pass on to the next case.

If the case is a child of sufficient age and intelligence, to understand you, or if it is a grown person of any age, the doctor has at his command a universal and inexhaustible remedy that will help to fill the arteries and veins of the patient with pure, rich, red blood. The remedy is absolutely non-poisonous, but is very exhilarating, and it is impossible for the patient to take too much of it.

The remedy is the oxygen gathered from the atmosphere, by deep, full, long breathing. Remember that the red blood is formed in the lung; as the blood corpuscles pass over air cells. The oxygen is received into them. Instruct the patient to breathe the lungs full, to distend every air cell, and retain the breath from one to five seconds, and exhale as slowly as they inhale, with closed mouth. Remember that the lungs are the source from which all our physical energy flows. That the lungs are the furnace from which all human vibratory movements emanate, which warms the blood and regulates the laws of nutriment, or supply and waste. That the lung is the central source of vital energy, and that the pneumogastric nerve is the live wire through which that energy is conveyed to the brain, where special instruction is given to an intelligent life force or workman within, to remedy all leaks, and repair all damages.

As a general rule all irritating, poisonous local remedies should be avoided. However, there is one remedy which is absolutely non-poisonous, and yet "Antiseptic Germicide and Disinfectant." I have used it locally with pleasing results, all along the line 5 to 100 per cent in old sores and suppurating wounds, and in eczema, and eruptive conditions of various kinds. Remember that the best results will follow, when applied with the hand—never keep it in or use it from a metal pan or vessel of any kind. It will not repel the eruption, but will destroy all bacteria, and thus allow nature to heal the wounds. Electrozone is the remedy.

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Editorial.

DEADLY DANGERS IN ANTI-TOXIN.

The report comes from St. Louis, Mo., that eleven children have died from tetanus caused by the administration of diphtheria antitoxin, prepared by the city chemist. Eleven others are reported seriously ill from the same disease and not expected to recover. It seems that the horse from whom the antitoxin had been prepared, last September showed evidences of tetanus and was killed. No antitoxin had been drawn from him, however, since the month before, and that which had been manufactured then was allowed to go out and do its deadly work.

Under the present method of making up statistics favorable to antitoxin these

cases will probably be counted as cures of diphtheria by antitoxin—having died of tetanus and tetanus is not one of the sequellae of diphtheria. For our part we would as soon our patients would die from diphtheria, as to be cured of diphtheria and die of lockjaw. Not long ago the health officer of Cleveland was obliged to stop the wholesale vaccination undertaken in that city, because so many cases of lock-jaw followed the inoculations. Verily serum-therapy has its drawbacks. Blessed are they who believe in and use the remedies of Samuel Hahnemann; they cure and they do not graft something worse than the original disease upon the patient.

CZOLGOSZ'S BRAIN.

The experts who made the post-mortem upon murderer Czolgosz and examined his brain reported that they found none of the stigmata of degeneration, in fact as far as any physical evidence went he was above the average

in intelligence. We are glad that it turned out so to be. In the general sorrow over McKinley's death, there are some things to be thankful for. The trial of the assassin was expeditious and conducted without any sensational fea-

tures. The country was spared the disgraceful doings of the Guiteau trial. The medical profession was spared the mortification of witnessing the self-advertising of any so-called medical experts. The blame was placed just where it belonged, upon the moral obliquity of the prisoner, and his false conceptions of his conduct as a member of civilized society. There is an altogether

too strong a tendency to excuse upon the ground of insanity or a diseased mental condition, wrongful acts that arise purely from a lack of self-control, vicious teachings, or a willful determination to heed no call of virtue. Czolgosz belonged in the same class with the beasts of the jungle and like them fit to be exterminated for the best good of humanity.

THE BIGGEST NOT ALWAYS THE BEST.

In this country we have grown so used to magnificent distances, and enormous totals of wealth, and trade, and population, that anything quiet and small is looked at askance. This feeling has extended to colleges and medical schools until bigness seems to outrank worthiness. It is refreshing then to read an article by Dr. Wm. Gillette, in the Philadelphia Medical Journal, giving his views upon the peculiar work of the smaller medical colleges. He says:

"A great medical teacher and writer, whom all American physicians, and I think I may say, all wherever medicine is known, delight to honor, in a paper half apologetic for his American confreres and colleges, read at the recent International Medical Congress in Paris, uses the following language: "Medical teaching, however, will be better and more uniform, and more in accord with the requirements of the people, when our one hundred and fifty-six schools will have been reduced to twenty-five, and each of them will be connected with a university as its medical department." In other words, the medical colleges outside the cities of Boston, New York, Philadelphia, Baltimore, Buffalo, Chicago, San Francisco, and possibly New Orleans, which are not connected with a university, whose graduates in civil and military life have added lustre to American medicine and dignity to the commonwealth, are to

have no part in the training of American youth who may seek admission to the ranks of our profession. I would not, were it in my power, detract in the least degree from the well-earned fame these great centres of learning have long enjoyed, because of the gathering together of such master intellects as have given them place and power; but, is it not possible for those, not members of these faculties, to do good work? Men make schools—schools do not make men. The time has long since gone by when a man's geographical location can be considered an index of his capabilities or qualifications. The college, large or small, but lays the foundation, the superstructure, whatever it may be, depends upon the individual himself. No medical college ever did or ever will, make a complete physician, nor can we really ever have a finished product, for one of the unalterable laws of nature decrees that man must grow or deteriorate; there is no standing still.

"Many of the smaller schools are doing most excellent work. While there may not be that repetition or multiplicity of material that enters into the formation of a well-regulated and equipped laboratory still all the essentials are there, all that can be used with profit, and those of the very best at that. In bacteriology, every step in the process of germ cultivation, from the preparation

of the culture media, through every gradation of planting, growth, mounting and staining, together with careful examination with the best of microscopes, the student is thoroughly trained. Verification of the germ in the guinea pig follows, that nothing may be omitted. The work in chemistry, histology and pathology is carefully taught by teachers, who, enthusiastic themselves, inspire the same enthusiasm in their students. The same may be said of the work in the anatomical department.

To my mind, the subjects most neglected in all schools are *Materia Medica* and *Therapeutics*. The application of remedies to the treatment of diseased conditions is a matter of prime importance:—it has a dual interest—one to patient, the other to physician. Teachers give with the most minute detail the etiology and pathology of a disease, and dismiss with a few glittering generalities the treatment. As a result, there is a growing up among us a class of medical nihilists who think drugs well nigh useless. It has been said by some one that "it does not matter so much what you give as who gives it." From a commercial point of view this may be correct; but from the scientific standpoint it is lacking in every element of truth. From the latter view point it does matter who prescribes; it is easy to tell then what will be prescribed—it will be the remedy indicated at the particular time and in the concrete case. It will not be the physician who will turn to his shelves, where are arrayed an assortment of bottles variously labeled: 'Rheumatic cure,' 'Cough mixture,' 'Heart tonic,' 'Mixed treatment,' and the like. One may well ask the question: 'Has prescribing become a lost art?'

Verily, even in the allopathic school there are some who are weary of the

made-to-order manufacturing pharmacists' prescriptions; who think that the patient and the physician are entitled to possess an individuality. There are some again who believe this modern chase after germs and mosquitos and pathological refinements is all very well, but pursued too far leads away from Hahnemann's dictum. "The first duty of the physician is to heal the sick."

"In the discussion of this subject of medical education and training, there seems to be a spirit among certain of the profession decrying the smaller medical colleges of the country; but the picture they draw of them is, in my opinion, of entirely too pessimistic a character. 'By their fruits ye shall know them' and as often as not it has been the graduates of these same colleges in whom culture and attainment have eventually developed in the highest degree. Many of them could be named who have become the great masters of American medicine, who have been the great pioneers. No country on earth has furnished the number of men who have entered and mapped out so many new fields of medicine into which men of other countries have followed and assisted in cultivating."

"Small schools, as well as large, take their students into the wards of the hospitals, where they are allowed to see and examine the patients, ask questions upon any or all phases or complications of the disease. Moreover, the case being constantly before the student, he becomes familiar with the appearance of the patient at different stages of the disease, and results of the various forms of treatment are noted and carefully weighed. In small schools each student receives a greater amount of individual attention and assistance in the formation of habits of self-reliance and investigation which are invaluable. Personal contact of pupil and teacher is a matter of no small importance."

THE STUFF DOCTORS ARE MADE OF.

Last year it came to us to chronicle the breaking out of smallpox in the Detroit Medical College (allopathic) and to note the heroism of a student who went to the Detroit pest house to care for a companion who came down with the disease. This young student contracted the disease from his friend and died. Such heroism as this, common to the medical profession, often goes unnoticed. It is not confined to any school. This year it is the turn of the homeopaths, a case occurring in the Homeopathic Hospital at Ann Arbor. The house surgeon devoted himself to the case. We relate the story from the daily press.

Dr. Nelson W. Thompson, a well-known young Detroitier and house surgeon at the new U. of M. Homeopathic hospital, voluntarily isolated himself from the rest of the world, and is now fighting smallpox germs in the quarantine hospital at Ann Arbor. The story of Dr. Thompson's voluntary isolation is one of heroism. Even now it is probable that the young doctor will have to pay the penalty of his daring, for the last three days he has been ill himself, and it is feared by his friends that he, too, is coming down with the disease.

About three weeks ago a citizen of Cheboygan arrived at Ann Arbor suf-

fering with stomach trouble, and he was received as a patient in the homeopathic hospital. His wife was with him. It fell to Dr. Thompson to attend him, and in a few days the doctor noticed that his patient's temperature was rising. The symptoms of smallpox developed, and numerous eruptions broke out. There was then no doubt as to the nature of the illness, and the nurse at once deserted the bedside. Dr. Thompson immediately took charge of the arrangements to prevent further contagion, and when it was suggested to him to call for volunteers to care for the man in the pest house, he replied:

"I'll never desert a patient, no matter what the disease."

Two weeks ago to-day he and his patient were taken to the pest house. There, alone, Dr. Thompson has done everything to make the sufferer comfortable. He has cooked and nursed and swept and watched for two weeks, and now the patient is out of danger.

It is comparatively easy to face the canon's mouth or rescue a beautiful maid from a burning flat; there is some excitement attending the job. To sit down, however, and calmly face the probability of taking a loathsome disease without flinching, as did our allopathic student and Dr. Thompson, requires a greater degree of nerve.

State Board of Health.

The Michigan State Board of Health will hold a conference in Ann Arbor Nov. 21 and 22, 1901. The objects of the conference are: The presentation of facts, and the general comparison of views, on subjects relating to public health work, by the health officers and other delegates of local boards of health among themselves, and with the members of the State Board of Health.

This will not be a medical conven-

tion; it is for all health officers and delegates, professional and non-professional. It is hoped that all phases of public health work will be dealt with by persons actually engaged in the work, and propositions discussed which will be to the advantage of every community represented.

This conference of health officials is held for the benefit of every locality in Michigan. It is hoped that many localities may have delegates there, thus securing the most direct benefits. Every

State and local officer will probably learn much that will enable him to do better service in guarding the public health. It is believed that any city or village can legally and properly send a delegate. This board believes this to

be true or it would not have called this conference. It is hoped, also, that many townships not too distant, and even distant ones if specially exposed to the introduction and spread of disease, may each send a delegate.

Colleges and Institutions.

Items of Interest for the Department Solicited from all Homeopathic Colleges, Institutions and Societies.

Bloomington, Ill., Oct. 23, 1901.

The Sixteenth Session of the C. I. H. M. A. met at City Hall in Bloomington, Wednesday, October 23, 1901.

The meeting was called to order at 11:30 a. m. by the president, C. H. Long, M. D., of Pontiac. After roll call the minutes of the preceding meeting were read and adapted. Under "admission of new members," the following physicians made application for membership and were elected:

Z. T. Webster, M. D., Atlanta.

H. P. Moulton, M. D., Petersburg.

J. W. Nicolay, M. D., Bloomington.

Under the head "communications," letters were read from Drs. Culter, Braucher and Howard of the Assn., and also one from Dr. S. H. Knight, editor of "Medical Counselor." Later, a telegram was received from Dr. McIntyre stating that he was unable to come.

Under the head of "Unfinished Business," the committee that was instructed to print the constitution and by-laws reported. On account of changes yet to be made in the instrument, it was decided to delay the work, and the committee was continued.

The written notice concerning the change in constitution and by-laws, served at the Pontiac meeting, was acted upon by the society. The annual spring meeting was changed to May, and the word "April" was ordered stricken out.

Bills and Orders—Dr. Lockie pre-

sented a bill of expenses incurred at the Spring meeting for printing and decorations, \$6.57; the secretary presented vouchers for expenses during the Semester of \$17.32. Bills ordered paid. There being some spare time before the hour for adjournment, motion made that society refer to the subject. "Reports from the Field of Practice." Under this head some interesting reports were made. Dr. Hallet discussed the treatment of wry neck and also referred to a very interesting surgical case that had made the round of the surgeons.

Dr. Woolsey discussed latent diseases that had appeared in his practice during the past year. Dr. Webster gave a very interesting account of a tetanus case that had proved fatal.

The afternoon session was very late in assembling, owing to a misunderstanding about lunch. The president called to order at 3 p. m. Dr. Long called Dr. Calvert of Dwight to the chair and the reading of papers began. Dr. Lockie of Pontiac led with a paper on "Malarial fever and its homeopathic treatment." The doctor increased the interest of his excellent paper by exhibiting a drawing of the blood corpuscles as they appear in Malaria, also showing cuts of the "Culex Anepholes," the mosquito that is responsible for the spread of malaria in many cases. The paper was a very creditable one and was ably discussed by several of the physicians present.

Dr. Bishop of Bloomington, had the next paper. Subject: "Is Homeopathic Therapeutics Neglected by Our Physicians?" He prefaced his paper by putting the society on record by a vote, thus proving that it was an acknowledged fact that our physicians were remiss in this respect. The paper provoked a general discussion, participated in by a large majority of the physicians present.

While it was shown that Dr. Bishop's contention was true, yet it was also shown that great strides in etiology, pathology, chemistry and surgery had forced a modification of some of the old methods practiced by the fathers of homeopathy.

Dr. Shane of Peoria had the next paper: Subject: "Diphtheria and its Homeopathic Treatment." The discussion following was general. Many new ideas were advanced regarding the etiology, pathology and treatment. It seemed to be the opinion of many members that it was a local disease at first, followed by systemic infection from absorption of toxic elements of the membrane. Many present endorsed the use of local antiseptics such as per-oxide hyd, carbolic acid and hydrargium bi-chloride to destroy the germs at the outset of the disease. Mercury in some form seemed to be the favorite remedy of many present. The next paper was from Dr. A. J. Morris of Bloomington. Subject: "Medical Fakes, their Cause and Cure." This was an excellent paper and was listened to attentively by all present. The Medical Counselor secured this paper and it will appear shortly in that journal.

Motion was made that the remaining papers be reserved for the evening session. Carried. This, the last and pleantest session of the meeting was held in the parlors of the Kelso Sanitarium, which is by the way as beautiful and well-appointed a hospital as can be found any where and a pride to all Central Illinois. The society listened

to selections of vocal music discoursed by the Illinois quartette, composed of four young men at Bloomington, three of them being the sons of physicians and the fourth a Wesleyan law student. Their names are as follows: Frank Hanson, James Hallett, Arthur Loar and Herbert Morris. We predict for them future fame.

After this came "The Question Bureau." Dr. Shane of Peoria presided over this department, which occasioned much merriment combined with profit. Following this came the unexpected. Napkins were passed around and the urbane doctor and his estimable wife had light refreshments served which were most thoroughly appreciated by all.

Dr. Kelso was then called upon for some reminiscences of his trip abroad. The doctor responded with one of the most interesting talks the society ever had the pleasure to listen to. Beginning with the trip from Bloomington, he took us in imagination to all the places he visited, and drew vivid pictures of the places on the continent of interest to medical men. The doctor evidently used his eyes and ears while abroad and met some of the men whose names are on the scrolls of fame in medicine and surgery. He laid especial stress upon the description of the London Homeopathic Hospital and declared it had the best and nicest children's ward he saw in all Europe. It is a pity that the address was not in MSS. as it would have made delightful reading for the fraternity and laity also. We hope the doctor will write his experiences and publish them so that all may enjoy the treat we did.

The session closed with a demonstration of the X-ray machine, manipulated by Dr. Kelso, which especially interested the ladies present who had never seen bones "in situ" before. The society then dispersed, feeling that the meetings had been most profitable to all. The next meeting will be in this city in May, 1902.

W. E. NIEBERGER, M. D.,

Digitized by Google Secretary.

Southern Homeopathic Medical Association.

The annual meeting of the Southern Homeopathic Medical Association, held at Atlanta, Ga., on October 22d, 23d and 24th, was one of the most successful, both from a social and intellectual point of view, ever held by that organization. The papers were of unusual merit and elicited most interesting and instructive discussion. The enthusiasm displayed by the members of the Southern Association in general and the officers in particular is worthy of emulation, for they certainly contribute to the annals of Homeopathy their full quota of good things. In addition to the rich array of papers, those who attended the meeting enjoyed equally well the reception of Dr. Susan M. Hicks at the Women's Club. Pretty women, lots of flowers, music and punch, all of which are in such profusion in the Southland, contributed to the enjoyment, and make us doubly sorry that fate prevented our accepting the hospitable invitation which was received some time ago. Here's hoping that next year, when the meeting will be in Louisville, the entire North can step over the line and learn something of Southern Homeopathy and hospitality. It is an undisputed fact that much of the success of the Southern Association and its meetings is due to the untiring efforts of Dr. Frances McMillan, who for four years past has occupied the position of Corresponding Secretary. The doctor has decided to remove from Nashville, Tenn., where she has been practicing for seven years, to the City of Mexico, where she will set up in the American colony, in which she will be the only American homeopath. In recognition of her faithful services to the society, Dr. Stout presented to her on behalf of the society a beautiful silver chate-laine. The election of officers for the

coming year resulted in the selection of the following: President, Susan M. Hicks, M. D.; First Vice-President, George S. Coon, M. D.; Second Vice-President, J. A. Whitman, M. D.; Corresponding Secretary, Lizzie Gray Guthrez, M. D.; Recording Secretary, J. E. Mann, M. D.; Treasurer, Alfred Duffield, M. D.

It is the good fortune of the Medical Counselor to be able to present to its readers a few of the papers presented at this meeting, and which we feel sure will be enjoyed by our readers.

Reception of the Detroit Ladies' Aid Society.

More than 250 ladies attended the reception given by the members of the Ladies' Aid Society of the Homeopathic College free dispensary, at the college building, corner of Third and Lafayette avenues, on the afternoon of Oct. 23. The rooms had been tastefully decorated with American Beauties and palms. The reception was for the purpose of making the ladies of the city more thoroughly familiar with the work of the institution and the large attendance was very gratifying to the members of the society.

Officers of the Society are: President, Mrs. C. C. Miller; vice-president, Mrs. S. H. Knight; secretary, Mrs. C. G. Crumrine; treasurer, Mrs. D. A. MacLachlan. Among the other members of the Society are: Madames H. L. Obetz, Bruce Anderson, G. G. Caron, J. M. Griffin, J. Van Hee, R. C. Olin, A. E. Gue, A. W. Roth, W. M. Bailey, W. R. MacLaren, J. J. Mitchell, O. Lang, G. R. Cruickshank. The object of the Society is to provide funds for the carrying on of the Free Dispensary in connection with the Detroit Homeopathic College.

Any lady who shall further the object for which this society is formed and shall pay the annual dues of \$1.00, may become an active or an associate member, or \$5.00 to become an honorary member.

Notes.

The Detroit Homeopathic College opened with great success this year. An increase of nearly twenty-five per cent in attendance of students marks the first year in the new building.

Dr. Homer C. Brigham, formerly of Grand Rapids, Mich., has removed to New York City; his address is The Barnard, Central Park West and 71st st.

The two homeopathic colleges of Kansas City, Missouri, have combined under the name of the Hahnemann Medical College of Kansas City. This should be a gain for both.

Dr. Sidney F. Wilcox has accepted the chair of clinical surgery in the New York Medical College and Hospital for Women and Dr. George W. Roberts has been elected to the chair of surgery vacated by Dr. Wilcox. This institution is building a large hospital at one hundred and one First street, near Central Park, which will be opened the coming fall.

The Bailey Sanatorium at Lincoln, Nebraska, was opened to patients on July first.

Dr. Sheldon Leavitt holds his clinic for diseases of women at the Chicago Homeopathic College on Tuesday.

The Resident Clinical Staff of the Homeopathic College and Hospital of the University of Michigan, at Ann Arbor, consists of W. B. Hinsdale, A. M., M. D., clinical medicine; R. S. Copeland, A. M., M. D., clinical ophthalmology, otology and laryngology; W. A. Dewey, M. D., clinical neurology; C. B. Kinyon, M. D., clinical gynecology and obstetrics; D. T. Smith, B. S., M. D., clinical surgery; D. W. Myers, M. D., assistant to department of O. O. and L.; T. J. Ritter, M. D., assistant to clinical medicine; F. E. Westfall, M. D., pathologist; G. A. Robertson, M. D., A. S. Moore, M. D.; N. W. Thompson, M. D.; A. T. Hoxie, M. D.; hospital

interns, assisted by eighteen nurses from the Training school.

The college opened formally, September 24.

The Practitioners' Practical Clinical Course will begin about November 1.

Dr. G. P. Cooley, of Grace Hospital staff, has just returned from his summer's trip abroad. Dr. Cooley has been traveling upon a ticket furnished by Mr. C. Leidich, Chamber of Commerce, Detroit. Mr. Leidich makes a special rate for physicians and plans trips for them or their patients.

Certified Milk in New York.

During the past two years considerable work has been done by a committee appointed by the Medical Society of the County of New York to improve the milk supply of New York. After the preliminary meeting of the committee the milk dealers of the city were invited to attend a conference so that any suggestions made for an improvement in the milk supply should give consideration, in addition to the scientific views of the subject, to the practical and commercial advantages of furnishing a pure milk. The milk dealers accepted the offer and from the first showed themselves alive to the advantages offered in the proposal to certify milk of a standard to be fixed by the committee. The dairy rules of the United States Department of Agriculture, with detailed instruction for feeding and caring for cattle, were given in a circular that was widely distributed and a tentative standard was established so that the milk dealers could feel that the work had a definite basis. The standard was that the acidity should not be higher than 2 per cent., and that the number of bacteria should not be more than 30,000 per c. cms.

Owing to the opportune formation of the Rockefeller Institute for Medical

Research, which furnished the funds for the investigations on the farms and the bacteriological work in the laboratories, the committee was able to carry out in a thorough manner the plan that it had inaugurated for a periodical inspection of the dairies and milk of the dealers who were willing to co-operate to secure a clean, fresh milk.

Acting on suggestions made by Dr. Chapin, the chairman of the committee, and Dr. Park, of the Department of Health, Dr. Belcher, working as the expert and representative of the Rockefeller Institute, studied the following factors: (1) The condition of the barn; (2) the condition of the cows; (3) the milkers; (4) the condition of the utensils; (5) the processes of cooling; (6) transportation; and (7) the condition of the cans or bottles when returned from the city.

It was observed that the milk from a cow milked in a dirty barn showed 120,000 bacteria to C. C., while another cow of the same herd milked in a pasture gave milk with only 26,000. A cow standing near a pile of dry feed had 1,000,000 bacteria per c. c., while the milk of other cows had a low bacteria count.

Dirty cows gave a much higher count of bacteria than clean ones. Clean cows in a herd gave an average of 2,000 bacteria as against 90,000 in the milk of the dirty cows.

The milker was frequently found to be dirty, and the milk from some milkers always gave a high bacterial count.

With the utensils it was sometimes difficult to find which factor was at fault. The ordinary strainer was, however, a prolific source of bacteria. With a sterile pail and a sterilized cotton or cheese-cloth strainer the bacteria would fall in numbers. Aeration, by requiring more complicated apparatus, increased the danger of contamination. This was particularly so if

aeration was carried out in a dirty barn or without regard to strict cleanliness.

The process of rapid cooling is one of the most important factors in the production of uncontaminated milk. The cooling of milk in springs is seldom sufficient, as the temperature of the water in summer was found to vary from 45° to 70° F., whereas the milk should be brought below 45° F. to insure few bacteria. Ice is absolutely necessary for the farmer who handles milk.

In transportation the milk should be kept at a low temperature. More attention should be paid to the transportation of milk in refrigerator cars. Much contamination can be avoided if bottles are properly cleansed before being returned to be refilled. Where there is a contagious disease in a house the bottles should be broken and thrown away. Sterilization of all bottles is an important matter, and too often farmers are not able to carry it out.

Following out recommendations made by the committee and acting in hearty co-operation, eight milk dealers are now bottling milk that bears the label of the Medical Society of the County of New York. The work has been educational, and the dealers agree with the members of the committee that when the people of New York know the advantages of securing a good, clean milk they will be willing to pay the extra price incident to the care necessary to keep the milk free of bacteria.

—Archives *Pediat.*

The Tenacity of the Scarletinal Contagion.

F. Lommel (*Munchener Med. Woch.*, July 16, 1901) reports a case which demonstrates the extraordinary longevity of this virus with almost the accuracy of a physiological experiment. One of the inmates in an institution

for deaf children contracted scarlatina, was kept overnight in the isolating room, and then sent to a hospital for treatment, whence he returned in due time and resumed his intercourse with the other children without the occurrence of further cases. The isolating room, after superficial formalin disinfection, was occupied by a sixteen-year-old girl for 133 days, when a child of nine was allowed to sleep in it for several nights. Twelve days later, this child came down with scarlatina, but no other children were affected. Inasmuch as the inmates of the institution did not come at all into contact with the outside world, the only conclusion possible is that the contagious principle had remained active in the room during the whole period since its former occupancy by the diseased child. The fact that the young girl who afterwards used it came into daily contact with the children without harm is a further proof of the slight risk of a third person's spreading the disease.—Medical Record.

The Ratio of Physicians to the Population of the United States.

An interesting paper on the subject of the ratio of physicians to the population in this country has recently been prepared by Dr. Abbott. It is commonly believed that a population of from twelve hundred to two thousand is necessary to support even comfortably a practicing physician, but it will be seen from the following figures that one must go to Alaska or at least to New Mexico to get this ratio.

California is the State which is most liberally supplied with medical men, the ratio being one physician to every four hundred and sixteen of population. A little thought will show the reason for this; California has been for many years a resort for the invalid suffering all kinds of diseases, as well as the Mecca of the convalescent. If the table could be prepared showing the

number of sick people in proportion to the physician it will undoubtedly be found that the opportunities for work among the California physicians is not less but greater than in many states where the ratio is larger.

With this practical result existing in regard to California, naturally the next state which comes to mind is Colorado, which is the truth, for it stands second with the ratio of one to four hundred and fifty-two; the chances for work among the physicians of Colorado is increased undoubtedly for the same reason that we have given in regard to their brother in California.

It is doubtful if any one could guess the state that stands next on this list, for it is a small state populated entirely by an agricultural people with only one good-sized medical school in its limits. It is Vermont, with the ratio of one to four hundred and sixty-nine. Then come rapidly Ohio, with four hundred and eighty-nine; Indiana, with four hundred and ninety-four; Missouri, with five hundred and seven; Arkansas, with five hundred and forty-six; while Kansas, Tennessee and Maine are tied at five hundred and fifty-six. Massachusetts is the eleventh state on the list with five hundred and sixty-one, closely followed by Illinois with five hundred and sixty-two; New Hampshire, with five hundred and sixty-four; Maryland, with five hundred and sixty-five, and Michigan, with five hundred and seventy. It is a strange fact that there are more physicians in proportion in Indian Territory with five hundred and ninety-seven, than in New York state, with six hundred and three. The Empire state stands seventeenth upon the list, closely followed by Iowa with six hundred and nine, Texas with six hundred and twelve, Kentucky with six hundred and twenty-five, and Oregon, with six hundred and thirty-eight.

The average for the whole United States is reached at this point, for the

ratio of physicians to the population of the entire country is six hundred and fifty-five. The twenty-second state upon the list is Pennsylvania with six hundred and sixty-two, followed by West Virginia with six hundred and sixty-seven, Connecticut with six hundred and eighty-seven, and Rhode Island with six hundred and ninety-two. Now come a group of thinly populated Southern and Western States, Nevada with seven hundred and six, Oklahoma with seven hundred and seven, Nebraska with seven hundred and twenty-five, Idaho with seven hundred and forty-nine, Florida with seven hundred and fifty-one, and Arizona with seven hundred and fifty-four, Washington with seven hundred and sixty-two, Georgia with seven hundred and sixty-seven, and Montana with seven hundred and eighty-two.

At this point there come in two Eastern states, the physicians of which probably never suspected they were so fortunate. These states are Virginia with eight hundred and forty-two and New Jersey with eight hundred and fifty-six half the ratio of California. Now come in quick succession South Dakota with eight hundred and ninety-four, Alabama with nine hundred and thirty, Wisconsin with nine hundred and thirty-six, Utah with nine hundred and forty-four, Wyoming with nine hundred and sixty-four, and Louisiana with nine hundred and eighty-five.

It is not until we reach Minnesota that the proper ratio is approached. This state has only one physician to every thousand and four, while in Mississippi it is one to one thousand and twenty-seven, in South Carolina one to one thousand one hundred and twenty-three, in North Dakota one to one thousand one hundred and thirty-two, while North Carolina is the last state with one thousand one hundred and eighty-nine, almost one-third the ratio of California. New Mexico comes next with the ratio of one to thirteen hun-

dred and ninety-five, while Alaska coolly adds another thousand to these figures, making the comfortable ratio of one to twenty-three hundred and forty-nine. And yet it is doubtful whether there will be a rush to Alaska on the part of the physicians who read these figures, for the physician would have to cover an extraordinary area to reach all his patients among this twenty-four hundred.

There is one thing which these figures seem to teach. It is that a large ratio is not the only factor in a physician's success. Undoubtedly the physicians of California and Colorado fare better on the average than those in many of the states who number only half their ratio.—Medical Times.

Napoleon's Eczema.

The Memoirs of the Empress Josephine state that Napoleon "was tormented" with an eruption of the skin caught by seizing a rammer dropped by a dead artilleryman who had scabies and was killed at the siege of Toulon. Bonaparte himself made the same statement to Surgeon Warden of the ship Bellerophon, on the voyage to St. Helena. He said that at this siege, near the beginning of his career, two of his gunners were killed, one of whom had the itch. He seized the fallen rammer and loaded the gun, and thereby took the disease, but he was properly treated and cured. The parasitic nature of the disease was not then known.

Several months later he developed a chronic eruption, doubtless eczema, which "tormented" him at times throughout his entire life. He and all his surgeons, as well as Hereau, one of his family physicians, said, in accordance with the crude medical theories of that period, that the scabies had "receded" or "struck in," in consequence of exposure to storms, and produced his various diseases of the internal or-

gans and also brought on his lifelong eczema.

The Empress' statement that his chronic eruption "tormented" him shows that it was not syphilis, since syphilitic eruptions do not itch. One of his physicians at St. Helena states that he found it necessary to make free use of prolonged hot baths. He rose very early in the morning and sat in the hot water, sometimes hours, while an attendant read a book to him, or his secretary wrote what he dictated. "He was continually reaching for the hot-water faucet," says the physician, to raise the temperature of the water. Often he had a large board tablet laid across the tub, and his breakfast served on it, while he continued to sit in the bath.

Dr. Hereau says the eruption mainly attacked the outer sides of his thighs.

This is perhaps the most prominent case known of severe pruritis treated by heat. Napoleon was a very self-willed patient. He probably found by his own experience that prolonged very hot baths in the morning relieved his distress for the rest of the day, and he is entitled to the priority of the discovery.—Amer. Homeop.

Disease Odors.

Of the specific odors of disease two very marked cases come to mind: One, a young, buxom, red-cheeked woman, whose menstrual discharge was accompanied by such a pervasive odor that few could stay in the same room with her; the other, a man who suffered from profuse fetid perspiration confined to the auxiliary regions—the fluid could be seen constantly exuding, of a consistency a little heavier than normal perspiration, the disagreeable odor it yielded being very penetrating, so much so as to pervade the whole room and adhere to the furniture for hours after his departure.

The ammoniacal smell common to the

aged, and due to retained or dribbling urine is well known. Berard says that, apart from the excretions, an abnormal odor of the skin tends to draw flies, and that however little noticeable it may be it denotes death is near; and Boerhaave held that a cadaveric odor always presages death.—Althaus tells us that Skoda was hardly ever led into error by this indication,* and Compton also laid great stress upon this as a clinical symptom; but the smell given off during the "death-agony" is totally different from the death odor (that of putridity) and is universally admitted to be specific.

The odors obtaining to sex are vastly different, thus in man it suggests mushrooms, in woman codfish.†

In gout the skin secretions take a special odor which Sydenham compared to whey; it is sour, or at least sourish, as there is an excess of ammonia. In rheumatism it is acetoformic, particularly in the regions of engorged articulations (Monin); it is a sour-smelling, acid perspiration.

In diabetes the smell is sweetish and mawkish, as of hay, according to Latham, "acetone," says Picot, and "midway between aldehyde and acetone, being due to a mixture in variable proportions of the two bodies," according to Bouchardat.

adies, notably peritonitis, jaundice and icterus; and a stale, sour-beer odor to scrofulosis.

The pyaemic person has a sweet, nau-
A musky odor obtains to several mal-

* (On odor of semen persisting about the body and apartment of an old man, even if he does not appear seriously ill, appears to be indicative of speedy dissolution. This is invariable, though why, except it is in a sense cadaveric, we are unable to explain. It most frequently obtains in connection with suppression of urine, and in the majority of cases points to prostatic disease of long standing.—Ed.)

† (The odor of a perfectly healthy, cleanly woman should be that of thyme; the codfish odor is evidence of lack of personal cleanliness as regards the sexual organs, or of a diseased condition.—Ed.)

seating breath, with perhaps a flavor of new-mown hay.

In milk fever the smell is distinctly acid; in typhoid, musty, often with the odor of blood; in typhus, ammoniacal and mouselike, which latter also obtains to favus; in intermittent the odor is that of fresh-baked brown bread; yellow fever has a cadaveric smell, or like the washings of a dirty gun-barrel.

In measles it closely resembles fresh-picked feathers; in diphtheria, is sickening and gangrenous—an odor that is absolutely pathognomonic; in smallpox, according to severity and stage, it ranges from that of the fallow deer to the dreadful one of the whole menagerie, or it may be that of burning horn or bones.

Hysteria usually develops an odor of violets or pineapples; sudamina, that of putrid straw; scabies, mouldy; anæmia and cholera, ammoniacal (Drasch, Parker) and the discharges have either a semen or mushroom flavor.

Otorrhœa has a peculiar, clinging, long-lasting odor that once observed will never be forgotten; so, too, is the odor of a hen-roost that obtains to ozaenas and bad chronic catarrhs. Gangrene has an old, deadmeat smell, as have cancers at certain stages—if there is much pus from an actively breaking-down, malignant growth, and especially in sarcomas, it is more like decaying fish.

At the onset of the plague the odor is sweet (Diemerboeck) or honey-like according to Doppner.

The atmosphere surrounding the chronic onanist will have a rotten mushroom-like odor, and an ill-kept libertine will combine this with a cod-fish smell.—Clarke (Medical Recorder.)

The Status of Menstruation.

Dr. E. C. Gehrung, of St. Louis, read a paper entitled "Status of Menstruation."

Menstruation is not, as has been supposed, a special function of the generative organs of woman, but only the perverted part of the estruation of the lower animals. This transformation into a monthly "hemorrhage" (menorrhagia) has generally been brought about by the necessities and results of the social, moral and connubial life of mankind as well as through the transmission by inheritance of certain debilities of the generative apparatus, and more especially by the erect position and its natural consequences, assumed by the human species. This fact being admitted, the profuseness and prolongation of the sanguineous loss, is a proof that it is now a physiologicopathologic condition, predisposing to anemia and all its direful consequences, pre-eminently to the nervous system. In the great majority of cases the quantity of blood lost during so-called normal menstruation, is an unnecessary and therefore pathologic waste of the very essence of life. It stands to reason that in all cases of depressed vitality this loss should be reduced as much as possible by all means of disposition. The best means for controlling the waste is the vaginal (not uterine) tampon, applied "secundum artem." Whenever curettage is not indicated or applicable, and where it has failed in gaining the desired result, the tampon is the means indicated. Chronic and acute inflammation of the pelvic organs are contraindications. Unless the restriction of the waste is put in execution, tonics are useless because they simply increase the pressure and consequently the waste, while after the repression, or simultaneously with it, they seem to work wonders. The superstitions surrounding menstruation as well as the misunderstanding of its true character by the medical profession, as well as the public, have caused a world of trouble and suffering, by the neglect of the necessary advice and treatment.—Annal. Gyn.

Communications.

Swartz Creek, Oct. 9, 1901.

Editor Medical Counselor:

I noticed in the Journal for September, an article on "Problem of Anesthesia," in which was the statement that, the true cause of death under chloroform was probably vaso-motor paralysis, and the cardio respiratory paralysis was but secondary. Now the consensus of medical opinion seems to favor this idea. The vaso-motor paralysis in all probability causes paralysis of these important centers by the sudden draining away to the relaxed capillaries of most of the blood that should keep life in the brain and keep the heart beating by reflexes from the respiratory centers. Now what I am trying to convey and succeeding so poorly, is the idea that death being in all probability due to the sudden draining away of all the blood from the main vital centers, would naturally suggest, the quickest and surest way to send it back to those centers would be, not only to lower the head, but in addition why not use forcible constriction of the body and extremities by sudden, tight bandaging, especially of the abdomen and lower extremities. I would like to hear the editor's idea upon this point.

A. B. CLARK, M. D.

(Dr. Clark is right. The forcing of blood into the cavities of the heart stimulates the contraction of that organ also as well as the stimulation of the nerve centers. The bandaging of the abdomen has one objection, namely, that of interfering with respiration, and artificial respiration should be persisted in faithfully.—Ed.)

Book Reviews.

"The Composite Man," by E. H. Pratt, M. D., LL. D., Chicago, Ill.; 150 pages, 9x6, cloth bound. Price \$1.50. Published by the author.

This series of anatomical impersonations which have appeared in serial

form in the Journal of Orificial Surgery comes to us in a neatly-bound volume and brings with it great satisfaction; for although we had read them as they appeared in the journal, yet it was our desire to preserve them in a more durable form, and read and re-read them from time to time. The study of anatomy and physiology certainly will be more attractive and interesting after the perusing of these pages. The style is such as to commend it to physician and layman alike, and if read by all a better understanding of one's self would be thereby achieved. Already the second edition has been called for and issued.

R. M. R.

Messrs. Boericke & Tafel announce the following books for publication within the next month:

Practical Medicine—By F. Mortimer Lawrence, M. D. A work on modern homeopathic practice brought right up to date and of about 500 pages.

Therapeutics of Fevers—By H. C. Allen, M. D. A book in which the veteran author enlarges the clinical borders of his Therapeutics of Intermittent Fevers (now out of print) to include all fevers.

Leaders in Homeopathic Therapeutics—By E. B. Nash, M. D. A second edition of that homeopathic classic.

Skin Diseases—By J. H. Allen, M. D. A book in which skin diseases are treated from the stricter Hahnemannian point of view.

Orgahon—Dudgeon translation. A new American Edition of the "corner stone of Homoeopathy."

PUBLISHERS' DEPARTMENT

Chronic Gastritis.

Report of a Case

BY DR. CHAS. J. POLLARD, Princeton, Ky.
Read before the Meeting of Kentucky
State Medical Society, May
29, 30, 1901.

Chronic gastritis is a condition of the

stomach almost daily met with in this country in a more or less well developed form, and to successfully treat these cases as they come to us is a goal we all desire to reach.

This disease is almost invariably associated with more or less indigestion manifested by many protein symptoms and accompanied by more or less active vomiting of the ingested materials.

The gastric secretions are almost without exception abnormal, many fermentative changes taking place in stomach contents, thus necessitating lavage more or less frequently for its relief.

The report and treatment of the following case, while not strictly in accord with true homeopathic prescribing, perhaps was so prompt in effect and has proven so lasting in results that I shall be willing to shoulder any censure that may be heaped upon me.

On May 21, 1900, Mr. H., came to me from an adjoining country and applied for treatment having been through the hands of two old school physicians, in the last four years.

His age, 57; average build, lean, languid, dull, expressionless eyes, coated tongue, dirty, sallow colored skin, gave history of indigestion for last four years, characterized by eructations of sour materials, pain after eating, nervous depression, sleepless nights, constipation alternating with occasional attacks of diarrhoea, vomiting, not marked, loss of flesh, in fact, a typical case of gastric catarrh in its chronic form.

From the history of treatment and the many symptoms pointing to the drug, I prescribed nux vomica and diluted muriatic acid after meals, believing the digestive fluids deficient in quantity. The patient reported some improvement in two weeks, his medicine was repeated and he was cautioned about diet, as formerly.

He reported again on the 21st of June, 1900, and gave history of an attack of rheumatism one week before,

but still improving slowly of his stomach trouble.

In the meantime I had been studying this case arduously, I read of a case having been successfully treated with hydrozone and glycozone, then I concluded to use these as adjuvants when patient returned.

Owing to impossibility of regular lavage, I furnished patient with two ounces of hydrozone and directed him to add one ounce to a quart of sterilized water and take half a tumblerful half an hour before meals.

This, you will perceive, would procure a clean surface for the oncoming meal, though for the first few days it produced some discomfort he said from accumulation of gas.

Immediately after meals he was ordered to take a teaspoonful of glycozone in a wineglassful of water and three grains of nux vomica.

The next report was the 16th of July when the improvement was very marked in his general appearance; patient was then able to eat without any dread of pain or discomfort.

Prescription was repeated and by August 1st all signs of any lesion of stomach had disappeared. Patient had claimed to be well for the first time in four and one-half years.

Treatment was discontinued of course. I saw this patient recently and he had practically no trouble since last August.

Dr. Finlay Ellingwood, in his excellent *Materia Medica*, says glycozone is one of the best manufactured products of the present time in its action upon enfeebled disordered stomachs, especially if there is ulceration or catarrhal gastritis.

It is a most efficient preparation and I shall use it freely in the future.

The Rio Chemical Co., manufacturers of "Celerina," "Alettris Cordial" (Rio) and "S. H. Kennedy's Ext. Pinus Canadensis" (white and dark), have moved their office and entire plant to 56 Thomas St., New York, and will have no office in St. Louis or any other place in the United States except New York, to which place, of course, all communications should be addressed.

Their reasons for moving were that their business had grown to such proportions that they desired to be where they could have better facilities for procuring the various ingredients that enter into their composition, and thus preserve that uniformity that is the salient point in all goods of their manufacture; and to be more in touch with their foreign offices, as their foreign business has grown to such proportions that there is scarcely a country in the world where there are educated physicians that do not use their goods.

Our readers will note the new address, Rio Chemical Co., 56 Thomas Street, New York, N. Y.

The White Invasion of China.

Honorable Albert J. Beveridge, United States Senator from Indiana, has spent the past five months in the Far East investigating commercial and political conditions, studying international relations, appraising national resources, and conferring with the men who are establishing the Eastern policy of the European powers. The vast amount of information thus secured at first hand Senator Beveridge will embody in a series of noteworthy papers, the first of which will appear November 16 in The Saturday Evening Post, of Philadelphia.

Senator Beveridge is a trained writer and a trained observer, and he has infused extraordinary interest into subjects that might make dull reading if less brilliantly handled.

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The Medical Counselor.

THE NEXT STEP IN THE HISTORY OF THERAPEUTICS.*

BY ELDRIDGE G. PRICE, M. D., Baltimore, Md.

Do not think that what is hard for thee to master is impossible for man; but if a thing is possible and proper to man, deem it attainable by thee.—*Marcus Aurelius.*

There are as many centers of the universe as there are human beings. Each of us, therefore, views the world and all conditions and things from the great center of creation. True, it is from but one of the millions of centers, but then it is the only center the observer can occupy, and is consequently the true center to him. It is from one of these points of vantage that I propose to speak, and if what I say does not correspond with the ideas of all who listen it is simply because our centers do not correspond. This is but another way of saying that all depends upon point of view, and points of view differ.

At each stage in the history of medicine some one is impressed that existing therapeutics must "mend or end." The practice of therapeutics, however, will not end while man continues to break nature's laws, and consequently, as man is a creature of evolution, continually growing and developing, so the methods of therapeutics will, as a matter of course, change continuously, becoming presumably better and better, less and less imperfect.

This very fact that therapeutic knowledge is presumably clearer and more correct makes one hesitate to add his mite to the great total of accumulating things, lest this mite may only serve to obscure and not assist in the growth of correct knowledge. However, we are

*Read before the Southern Homeopathic Association.

all fallible, and for that reason must deal leniently each with the errors of the other, each granting his neighbor the right to his own interpretation of the many problems by which we are confronted in this inexplicable condition known as life.

No one practices what he preaches. This is most fortunate when viewed from a practical standpoint. If there were no higher ideals than are demonstrated in the daily life of the average individual our future would be retrogressive as we all agree to hope it is. Fortunately, men aim higher than their accomplished records, and the very fact that attainment never or rarely equals intention should always lead us to strive after higher ideals, even though we are aware that the fulfilment will never be.

Doctor H. C. Wood, of the older school of medicine, was the first of that school to attempt to systematize the study of materia medica and therapeutics, and to base a knowledge of drug action upon their effects upon the healthy. This was but twenty-five years ago. His lead has been followed by all subsequent writers on this subject, and the general medical profession has become more or less familiar with what is known as physiological therapeutics. The recognition of the value of such experiments is a long step in advance of dependence upon simple clinical experience.

As we know, this method of study was first outlined by Hahnemann, and later was advocated by Pereira as the only correct way to study drugs, but to Dr. H. C. Wood belongs the credit

of being the first older school man to put this method into practice.

It is this approximately correct knowledge of physiological toxic drug effects that is the cause of the modern small dosage so generally adopted by orthodox practitioners, quite as much as the influence of the infinitesimal dose of Hahnemann.

Of course there are some who will dispute this assertion, but after a close study of the question this conclusion strongly appeals to me. However that may be the fact remains that until the study of "physiological drug action" was put into practice, very little reduction in the size of orthodox therapeutic dosage was observable. Having reached this stage of recognition of the importance of drug influence upon normal function, no practical suggestion has yet been made of how best to utilize this knowledge for therapeutic purposes.

To illustrate how little is known by the average practitioner of the significance of the subject, it will be in point to call attention to a conversation which recently occurred with an "allopathic" physician concerning the mutual attitude of the two schools of medicine towards each other. I had occasion to open the question of primary and secondary drug action, when my friend frankly asked me what I meant by primary and secondary action. It was only after I had called his attention to the two classes of phenomena resulting from opium, that he comprehended my meaning.

While the intention of this paper is not to thresh over old straw, yet it is necessary to touch some of the points that have already been more or less discussed in the last few years, for the purpose of illuminating the text.

I am fully aware that it is no small task to disentangle the double effects of drugs so that there may be no doubt in one's mind as to where to place the

effect in the pathogenesis of the given drug, but this difficulty is not totally insurmountable, and the sooner the effort is initiated the nearer to us will be this future of which a few only seem to have dreamed.

Having stepped out of the darkness of the so-called dark ages into the light of modern science, we find that investigators in the field of therapeutics have reached a point from which the crystallization of a great variety of theories may be expected. Work in this field has evolved many new views and turned up much unexpected material that will, of necessity, form the foundation for what may be termed a new philosophy of medicine.

Let us glance at some of the evidences suggestive of future evolution in our philosophy. The fact that an infinitesimal portion of a salt will cause the decrystallization of the solution, of larger quantities of the same or some other salt when introduced into a solution in which the crystals are present (even though not the most recent of discoveries) has opened a wide range for thought. The demonstration that the electrical current is transmitted with less resistance through distilled water holding some material in solution, than through pure distilled water, even though that substance be diluted beyond the power of microscopic detection, also offers great possibilities for future development. The general recognition that vegetable drugs are composite and not simple substances, and that it is possible to differentiate the various component parts and trace their individual effects in the physiological action of the plant, is suggestive of a simplified materia medica beyond the imagination of all but poets and scientists. The tacit acceptance by the general medical profession of the fact that therapeutic effects may be produced by minute doses of medicine, is suggestive of a broadening knowledge of clinical possi-

bilities undreamed a decade ago. The dawning in the mind of the medical profession of the existence and practicability of two therapeutic laws, the law of similars and the law of dissimilars, is one of the most important links in this chain of evolution; and finally, the acceptance of the fact of the double action of drugs, which must come in the near future, added to all that has gone before, will furnish us with ample material for taking another step forward, that would really seem to be a stride into the west of progress.

The character of the future philosophy of medicine, which embraces an understanding of therapeutic possibilities, may be regarded as here laid down. Condensed, the evidences of progress to which attention has been called, may be stated as follows: The recognition by physicians that microscopical portions of salts will cause decrystallization under favorable circumstances; the electrical conductivity of infinitesimal dilutions of drugs; the analysis of vegetable drugs and the recognition that their component elements may be independently applied clinically, thus simplifying clinical procedures; the recognition of the existence and practicability of two therapeutic laws; and, finally, the demonstration of the double action of drugs. All these points have been demonstrated to be facts, but the last one noted needs to be applied to the physiological effects of all drugs.

Here, then, is the practical work of the materia medicist of the future. He can not rest in the conviction that drugs have a primary and a secondary action, but he must work to demonstrate this of each individual drug. Here, indeed, is a stimulus for experimental work of all kinds bearing upon drug pathogenesis, which by its inherent importance will bring results from all sources, from the student of destructive toxicology, the experimenter in crude drug influence upon the lower animals, to the

tester of drugs upon the human subject, from the student of objective drug influences to the student of subjective manifestations, from the physiologist to the pathologist. This is the work that will characterize the next step in the history of therapeutics. But on beyond this there is other work to do; the task of deciding which of the classes of drug effects is of more importance to the practical therapist. This involves the question of the size of dose to be given to secure results corresponding with the primary or the secondary pathogenetic effects of the given drug.

In addition, a knowledge of the practical application of the two therapeutic laws, respectively, must be attained. Not only must the practitioner know which are the primary and which are the secondary effects of drugs, but he must know how to apply this knowledge to the cure of the sick.

So much for theory, now what can be done to make of this advance in thought a practical working position for therapeutists?

The task to be accomplished is, a re-study of drug effects, and in some instances a re-proving of the drugs themselves, and following this a thorough study of the relationship to disease-conditions of the two sets of effects of drugs. Incidentally, of course, the size of pathogenetic dosage must be fully considered and decided, for upon this depends the size of dose to be used clinically in the light of this newer system of therapeutics.

The proposition made by Dr. H. P. Bellows, of Boston, Mass., to pay experimenters for their services in proving drugs, has met with the approval of the American Institute of Homeopathy, this organization having made an appropriation to assist in defraying expenses, and this winter a series of experiments will be instituted by a large number of physicians in this country. These experiments will be conducted in

accordance with all the modern methods of science, and an opportunity will be offered to study carefully these double effects of drugs.

Probably it will not be amiss to refresh our minds on this subject of the double effects of drugs, which may form so prominent a part of this work in the future. When a drug is introduced into the normal organism two effects may be observed; first, a positive effect, the effort of the organism to do something with the intruder, whether it be to digest it, to eliminate it, or in some unexplained and unexplainable manner to protect itself against the foreign substance, and second, evidences of a condition of relaxation, rest, or state of the organism having a different pathological tendency, after this first effort. These two conditions of the organism are termed, respectively, the primary and the secondary effect of the drug. Primary symptoms may be regarded as those symptoms that are consistent with the first symptoms appearing after the administration of the drug, and having the same pathological tendency.

In considering these two effects of drug action the question naturally presents, whether both are of equal importance from a clinical standpoint, or if one should take precedence which that one is. The settlement of this question depends largely upon the amount of drug used in experimenting, because of the fact that different sized doses produce different effects. This would seem to be substantiated in the action of podophyllum, a large dose of which will cause purging, while a small dose will cure purging. Here we also find suggesting itself the necessity for the establishment of some definite amount of drug to be used in experimenting for pathogenetic purposes. Much has already been written on the unreliability of our many and voluminous provings of drugs, because of this very lack of

definite rules for physiological dosage, alleged effects from all kinds of preparations ranging from toxic doses to infinitesimal dilutions forming a heterogeneous jumble from which little accurate information may be gleaned. (Right here attention may be called to this point: If homeopathy has scored so many successes with such very imperfect and unsatisfactory collection of records of drug effects, what might not have been accomplished with scientifically prepared pathogenetic material?)

If the primary effect is caused by the activity of the organism, and the secondary effect is due to relaxation from over-exertion, then it is rational, as already foreshadowed, to regard the primary effect as the more important of these two classes of phenomena. After a careful examination of the symptomatologies of many drugs, facts suggest that it is safe to adopt the foregoing conclusion, and consequently, the next step is to decide the size of the pathogenetic dosage to be accepted as sufficient to produce the characteristic action of the given drug.

Following this important advance in the study of pharmacodynamics comes the final link in the chain of progress, the application by the medical practitioner of the knowledge of primary effects to the healing of the sick, in accordance with the two therapeutic laws.

A re-study of drugs from this new standpoint will open our eyes to the fact that many cures supposed to have been made according to the law of similars are explainable by the law of dissimilars, and vice versa.

The tendency of thought and the work observable in the world of medicine, suggest the foregoing with its culmination as the logical sequence up to which they are leading, and such evolution may, therefore, be regarded as the next step to be expected in the history of therapeutics.

LACHESIS.*

BY FRANK KRAFT, M. D., Professor Materia Medica, Cleveland Homeopathic College, Cleveland.

Lachesis is become so well established in the hands of all thorough homeopaths, even of that constantly diminishing class of the elders who wouldn't recommend natrum. mur., sulphur or lachesis, that to repeat some of its virtues will be, in truth, to all here gathered a more than twice-told tale.

I have a patient, a lady of great intelligence, a good Christian, married, but childless, now in middle age, who has been sufferer from some sexual trouble ever since I knew her. In appearance she is tall and sallow, black hair and eyebrows, dark eyes, rather of the sensual type of lips and chin. At each menstrual epoch, at the beginning of my ministrations, I was called to tide her over some of the 'most agonizing sufferings for a day or more, which I was enabled to do in one way or another with fair success. The woman had in early wedded life given birth to an eight months' foetus but under circumstances of peculiarly depressing nature, being badly handled by the attending physician. From that time forth she had had bad turns at the menstrual function. Her constant prayer in life was for another and a living child.

The physician preceding me, he who had mishandled the case, a man, by the by, who practises "both ways", had informed her that the trouble was in the clitoris, and that when this was excised the other troubles would abate. I do not know that he ever did anything for the clitoris, as subsequent examinations on my part failed to disclose any excision or any change or status presence beyond that usual to be

found in women, though he made her believe that something had been done. These periods of agony at the month continued. Medicine after medicine was tried with a temporary success that was lulling both the patient and myself into a sense of hope and security, but it was not permanent. I studied Minton from cover to cover to find a remedy and tried stramonium longest for its evident symptoms in the peculiar exaltations and hallucinations in the sexual sphere. Like every will-regulated physician I was, at length, relieved to find that I had been supplanted by another physician who had promised a cure. I gave him, *sub rosa*, my heartiest and best apostolic blessing. I had worn the case out, and dreaded to see this lady or her husband climbing my office steps.

About three months ago, lo! and behold, there came a telephone call to this family. When I reached the newer residence some distance away, I found that Osteopathy had been given a good chance, Hydropathy had had its innings, Christian Science had held a feeble sway, each in turn helping and promiscuous of ultimate cure. But it was not cured.

The case had passed out of my mind in its finer details, so I went at it again *de novo*, and took a few notes. And this is what I now learned: That the region of the clitoris was most troublesome following intercourse; that she could distinctly feel the after effects traveling free from that point to a specified area in the back; thence it fell upon the heart causing suffocation, ultimately rising into the head and making her insane, or, if not that, cer-

tainly she was most silly, on sexual matters. Nymphomania of the most shameless order supervened: it required the most constant watching on the part of her husband to prevent scenes of exposure, and utterance of language not the most fit from a Christian lady. I spoke something in relation to her betterment or worsenment at night, the effect of the night upon her, when instantly, as in one breath, the man and his wife answered that that was where the great trouble seemed to be: "She's so afraid to go asleep. If she could only sleep we believe it would help her!" Why was she afraid of sleeping? "Because she had such awful feelings in her dreams, and when she woke she would be ten thousand times worse than when she went to sleep." So she had her husband shake her whenever she seemed, at night, to drop off into

sleep. In the daylight it was not so bad.

With this Archimidean lever now at hand, the rest of the symptoms were easy—dead easy.

Lachesis were given, very very high at first. Gradually the potency was lowered until I came to my standard 1400, and there the case stands now, slowly improving, and everybody hopeful of a cure. Two menstrual periods have come and passed in safety. Her yellow color has given way to pink. She is able to sleep an average of every other night, and the fear is gone. Her appetite is re-established. The menstrual blood, while a little troublesome the first eight hours is better, more liquid, and runs freer. I have never found the burnt-straw symptoms nor a number of the other well-taught and insisted upon symptoms from the lecture desk. But I found enough to fix my prescription, and am satisfied.

WINTER COUGHS AND COLDS.

Written for the Medical Counselor by **FRANK W. SOMERS, M. D.,** Cleveland, O., Professor of *Materia Medica*, Cleveland Homeopathic Medical College.

It is a very difficult matter to determine in advance what remedies will be called for in the colds and coughs incident to the winter season. It is a well known fact that each season brings its own peculiar type and the remedy must be chosen to correspond to the symptoms presented. During the time when the la grippe is prevalent nearly every one who takes cold develops the la grippe, owing to the lowered vitality of the system. The sooner the simillimum is taken after the cold is contracted the more satisfactory will be the result. Here, as elsewhere, we must not take the local symptoms alone as our guide. We must remember the teaching of the master, who said that the totality of the symptoms is the guide to the selection of the remedy.

If seen early the remedy can be repeated often, enabling us to prevent,

ofttimes, any localized diseased condition. Of course, it is understood that a cough is but a symptom and a "cold" is a rather indefinite term, but that is what we call them. This reminds me of a bit of experience I had early in my career. I was called to see a baby who had "taken cold," involving the muscles of the trunk. I rendered my diagnosis accordingly. It—the diagnosis—was taken with several grains of salt, and accordingly several old women were called in. They repudiated my diagnosis and decided the child to be "liver-grown." I told the mother that I was unacquainted with any such condition. The mother, happening into the drug store, inquired of the druggist if he had anything good for a "liver grown" child. He replied that he had. Why, she said, the doctor says there is no such thing. He replied, well, there isn't,

but that is what we call it. I desire to give some of the indications for a few remedies that have served me well in the coughs and colds of the winter season. *Aconite*—From exposure to dry, cold winds. Chill followed by high fever; skin dry and hot; pulse hard and quick; thirst, anguish and fear of death. Great restlessness. This remedy, given in doses short of its physiological action, equalizes the circulation and prevents any eccullized diseased condition. *Belladonna*—Fever; free bounding pulse; throbbing carotids; drowsy or may be wakeful; throat sore and dry; throbbing headache; aching all over the body; head hot, feet cold; the tonsils, glands and muscles of the neck are involved; cough, dry and hacking with tickling in larynx, worse at night. *Gelsemium*—Chilly, can't get warm; sneezing, watery discharge from nose; no thirst; extreme languor and lassitude; limbs of lower extremity as if paralyzed; double vision; headache, beginning in nape of neck, extending over head to above the eyes; face dark red. Patient is dizzy and drowsy. Pulse full and compressible.

Bryonia may follow any of the above or may be called for in the beginning. It is used in the stage of effusion. The serous or synovial membranes are involved. Dryness of all mucous membranes. *Bryonia* affects the muscle fiber, producing irritation and soreness. Cough dry and hacking, with sharp pains in chest. Cough worse by heat. Headache worse by coughing and motion. General aggravation from motion.

ery irritable. *Rhus Tox.*—From exposure to cold and damp. Fibrous tissues involved. Sore, lame feeling as if pounded. General relief from continued motion. Restlessness. Cough is dry and worse at night time and by uncovering any part of the body. *Camphor*—Chilly, surface of body cold, nose cold, sneezing. Temperature sub normal. *Eupatorium*—Soreness and aching of body. Bones ache. Thirst with vomiting. Following the acute stage we may need some of the following: *Pulsatilla*—Cough loose by day and dry by night, with soreness in sternal region. Cough worse by lying down. Urine emitted on coughing. Expectoration is yellow or greenish yellow, thick and bland. *Hepar Sulphur*—Cough loose with rattling of mucus. Croupy cough worse toward morning. *Hydrastis*—Cough with discharge of thick, yellow, stringy mucus. expectoration. *Phosphorus*—Tightness across the chest. Cough aggravated by cold air. Frothy expectoration. Expectoration tastes salty. *Drosera*—Arrested secretions in larynx. Cough paroxysmal, deep, hoarse and hollow. Tickling in throat. Cough worse by lying down and after midnight. *Rumex Crispus*—Tracheolaryngeal secretions scanty. Incessant cough with tickling in larynx, worse at night and in horizontal position. There are many other remedies that might be called for in the treatment of coughs. The above indications are not new, but it is well to review them that we may have them in mind when needed.

A FEW THOUGHTS ON INSANITY.*

By ALFRED GRAHAM, M. D., LL.D., Professor of Mental and Nervous Diseases, Detroit Homeopathic College, Detroit, Mich.

In presenting to you to-night a few thoughts on the general subject of insanity, I shall not be able to give you anything new or startling, but will try to "stir up your pure minds by way

of remembrance," for I would not presume to teach you.

It has been truly said that "the highest study of man-kind is man," and man-kind has been studying "man" for

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centuries, still, the researches of science in the past and up to the present time has reached only the probable, or the approximate. The matter of explaining that peculiar mental condition which we call the insane state, together with the many anomalies connected with it, remains as yet, unexplained.

Mind, in its complex manifestations, is still a mystery which the scalpel of the anatomist has not yet laid bare. All our studies in pathology have helped us but very little in this particular direction, from the significant fact that the microscope reveals no difference between the nerve cells and fibers of the sane and insane, with the exception of paralytic dementia. All the peculiar mental manifestations of so-called insanity, may be grouped under one or more of the distinctive terms used in studying nervous states and mental conditions, namely:

1. Hallucination, which is a false perception of the senses.
2. Illusion, which is a false interpretation of an external object, and,
3. Delusion, which is a false perception accepted as a fact.

The word insanity is of great flexibility, having a number of meanings. There is the popular meaning, which is the conception that the laity in general has of the insane state. By them all phases of insanity, regardless of type or condition, seem to be one and the same thing. They simply recognize the fact that the human being is unbalanced in the mental faculties, without any discrimination whatever. Then there is the medical meaning which views insanity as a disease, or as a result of diseased conditions. The medical profession discriminates wisely and recognizes the different forms of insanity. Then there is the legal meaning of insanity, which has respect from the point of view which the lawyer may take in determining the responsibility of a person said to be insane, before the law. Insanity, it has been said, and some

authors so teach, is not hereditary; but I have long since declined to accept that view. It is evident to my mind that while insanity may be due to a diseased condition of the brain, it is not, in itself, a disease of the brain; but is a symptom, or a train of symptoms, due to morbid conditions. As to a definition of insanity, professors and authors are loath to define it; and no author, so far as I know, has ever given a definition with which he himself was satisfied. Were I called upon to give a definition, I would find myself at a loss to give one which would be satisfactory to myself and to an inquiring profession. I should, however, define it as that state in which the balance between the emotions, judgment and reason is lost. There are no well marked boundaries between the sane and the insane state, the line of demarcation if I may use the terms, will perhaps never be recognized any more than we will ever be able to determine where night leaves off and day begins.

There are four periods in life which seem to have a peculiar influence upon the production of insanity. We might call them the four great physiological crises of life, they are:

1. The period of puberty, at which time the child begins to enter adult life.
2. The period of adolescence, when the individual has reached the age of physical maturity.
3. The period known as the climacteric, at which time there are very important changes in the female, and, in some instances, a condition analogous in the male.
4. The period of senility, at which time there is a general letting down of the entire nervous system, including an impairment of the mental faculties.

Insanity may appear outside of, or entirely disconnected with, the periods to which I have referred; I have mentioned these periods simply for the purpose of calling your attention to the fact that they are, particularly, periods

of life in which insanity very often occurs.

As to the causes of insanity, much might be said, for their name is legion. Insanity cannot be attributed to any single cause, as a rule; but to a complication of causes both predisposing and exciting. No period of life is exempt from insanity, but it is generally a disease of middle or advanced life. It occurs most frequently between the ages of 25 and 55; and the predisposition declines after the age of 55 years. The question of predisposition as to sexes, has not yet been decided. An occupation requiring constant care and causing great worry is productive of insanity in many cases. It is singular that those who take no care for the morrow are practically free from insanity; beggars, for instance, are seldom known to be insane; while, on the other hand, prostitutes, who have great care, trouble, remorse and anxiety are especially predisposed to it. Alcohol, improperly used may produce insanity, and many cases have their foundation in traumatic exostosis and many more in syphilitic exostosis.

Of all the causes of insanity, heredity plays the most important part. I observed a newspaper item in a recent issue of one of our city papers, which stated that heredity has nothing to do with insanity, as a causative factor. I have not the slightest confidence in the correctness of that statement having been long since fully convinced that heredity is the most important factor and the chief predisposing cause in the production of insanity. This is true, because:

1. Of its bearing on the transmissibility of disease.
2. Because of acquired mental and physical peculiarities.

It cannot be denied that the child inherits mental and moral qualities and powers of improvement from the parent, as well as physical similarities. We have a record of one family which, in

eight generations produced 29 eminent musicians; and another family which, in 75 years produced 200 thieves and murderers, 280 invalids, 90 harlots and 300 children that died in infancy.

Statistics show that out of 600 insane families, 440 were due to direct inheritance. All this is in harmony with the law of transmission.

1. Offspring may inherit the attributes of one parent.

2. Of one parent in some respects and of the other parent in other respects.

3. They may inherit the father's attributes at one time of life, and the mother's at another.

Insanity in offspring may not have appeared as insanity in the progenitor, but as epilepsy, chorea, or hysteria, or some other disorder of the highest nervous arrangement.

Parents, defective in nervous organization, may have insane offspring. Insanity is most frequently transmitted from the mother, and the female sex inherit it most frequently. The suicidal tendency in insanity is most frequently transmitted and at similar ages. The stronger the predisposition to insanity, the sooner it manifests itself; the weaker the predisposition, the later it appears.

It is not for me at this time to give you a complete classification of insanity; and it is questionable whether the classifications extant are such as they should be. To say the least of it, the proper classification of insanity is yet to come. Classifications of insanity must be based upon one of two hypotheses:

1. Pathology.
2. Symptomatology.

Of the pathology of insanity, very little is known, except in paralytic dementia. There is no distinctive characteristic condition. There is no structural changes, and where there are brain lesions they should be considered as a

consequence, not as a cause, of disturbed functions. There is often only a functional disturbance of the finer molecular changes of nervous matter.

Insanity may be regarded as but a symptom of diseased cerebral action, and it seldom, if ever, breaks out suddenly; it will be found that the break down has been preceded by a long train of nervous manifestations.

There are symptoms common to many forms of insanity, insomnia being the most prominent. The power to sleep is not completely lost, but there will be terrible dreams and the person will be tired upon waking. Headaches are rare; but brain-aches are common. Insomnia may be produced by the worries, customs and restraints of modern civilization, together with weighty business responsibilities.

Society, with its rules, and the half-intoxicated state which it produces, causes cerebral irritation which can have only a baneful effect upon the nervous system, in general.

What to do with our insane is a question which is puzzling the minds of the best men of our profession to-day, and especially those who are specialists in the department of mental and nervous diseases. The asylum has its points of advantage, but it also has its many points of disadvantage. The asylum is too often conducted as a prison, and in it there is seldom a thorough investigation of the causes of mental dis-

order. The inmates are too frequently treated en masse. There is not the proper individualization nor specialization given to cases. Proper attention can not be given where two physicians and a superintendent are called upon to attend 1,000 patients. Institutions thus conducted should place a sign over their door, "Abandon hope all ye who enter here." Many persons are committed to an asylum who are but slightly unbalanced, and who are rendered materially worse by being placed in an institution filled with incurable insane persons.

There should be in every state a detention hospital where mild cases might be treated, and where reason might be again enthroned, but which would be impossible in many of the institutions which we have throughout the country.

I have given you these somewhat disconnected thoughts on the general subject of insanity without attempting any systematic presentation of the subject. The greatness of the subject makes it impossible for me to do more, in the short time allotted me, than to give a hint here and there. If what I have said shall arouse a spirit of inquiry and renewed interest with reference to the study of mental states and nervous conditions, and the care of the large number of unfortunates who suffer from insanity, I shall have attained the object which I have in view.

PREVENTION MORE LOGICAL THAN CURE IN THE PHILOSOPHY OF MEDICINE.*

BY J. W. HODGE, M. D., of Niagara Falls, N. Y.

The conception that the maladies which inflict mankind and which have received the name of diseases, can be prevented is of modern times—I may say practically of the century just past, the last few decades of which have been marked by very great activity in the

development of sanitary science and preventive medicine.

The ancient and once world-wide belief that disease is a visitation of special Providence, or that it is due to the vengeance of offended Deity, although generally abandoned as regards indi-

*Read before the Western, N. Y., Homeopathic Medical Society, Oct. 25, 1901,

vidual cases or limited localities, still lingers in the minds of some superstitious people with regard to great epidemics, which are thought to be either inevitable, or at least only to be averted by prayer and fasting.

To the intelligent student of medicine, however, causes and effects do not thus seem to belong to totally different classes, for, although he will admit that there is a close relationship between vice and disease, yet he will consider their influence as reciprocal, and that in many cases they are only different names for the same thing.

The crude idea which came down almost to us who now live, was that diseases of every kind were a portion of the necessary sufferings which might by some art, conjuration or divination, be removed, but which could not be avoided or prevented. For this reason the so-called curative art, the art of palliating or removing diseases, took naturally a first place in the course of human progress. This curative art, brilliant in many of its discoveries, useful in many of its applications, and beneficial alike in discovery and application, could not, however, be expected forever to remain the be-all and end-all of human endeavor against disease." It was wonderful while it combatted the unknown and the invisible. But in the course of the natural development of knowledge the unknown and the invisible passed away, in so far as belief in them was concerned, and there was left in the mind, in place of that belief, the fact that not one of the diseases long thought to be supernatural and out of the range of inquiry as to causation, was supernatural at all. Each was traceable, by the acquirement of correct knowledge, and when traceable, was found to be largely and effectively preventable by a further extension of the acquirement. In this manner have originated and developed the science and art of preventive medicine. In early

times the doctors knew so little about hygiene and paid so little attention to natural laws that for hundreds and hundreds of years they would not allow a patient suffering from fever to partake of a drop of cold water. Doctors in those days said, "Cold water in fever is certain death, do not give the patient a drop. Give a dose of calomel and a spoonful of warm water." Not only were fever-patients denied pure cold water—nature's remedy—but sunlight and fresh air were also denied them, and they were salivated with mercury, physicked with jalap. depleted of their life-blood by the lancet, and starved until they gave up the ghost, *secundum artem*. In those days it required a very robust constitution to withstand the heroic assaults of a doctor. Even as late as fifty years ago it was a very serious matter to fall sick with a fever and have a doctor—I mean the doctor was the serious part of the business, for in those days the doctors still declared, "Cold water is death," and fathers and mothers were solemnly warned not to give a drop to the child tossing with a raging fever, and vainly pleading like Dives for "just a drop" to cool the parched tongue. Owing largely to the advances made in sanitary science, and to the spread of the therapeutic doctrine of *similia, similibus, curentur*, with its small dose, single remedy and brilliant results, the harsh and drastic modes of treatment which were common half a century ago have been dropped one after another by the profession until now the instinctive calls of nature are being more and more heeded by the medical practitioner, and the profession as a whole is daily approximating nearer and nearer to a constructive art of healing which takes more cognizance of sanitation and hygienic living, and far less account of drugs and poisons. Calomel and blood-letting have had their day and the good-will of the old-school doctors, and during that terrible day the sick room was a torture

the pollution of the waters of Niagara river by Buffalo sewage. It is a sad commentary on our modern civilization that man is his own worst enemy, that human interests instead of being mutually helpful, morally uplifting, and productive of real brotherhood, are largely destructive and antagonistic to health and happiness.

The cornerstone of modern society is self-interest, and in its service we do not identify one neighbor's interest with our own, but rather sacrifice our neighbor's life that our own selfish interest may the better thrive. It is apparent to the scientific hygienist that preventive medicine is destined to become the medicine of the future. At the present, however, we have to deal with the facts before us, viz., that there are a great many diseases actually existing which must form the subject of investigation. While the business of the physician is, therefore, to a large extent, the care of the sick with reference to the cure of disease, or where that is beyond his power, as is too frequently the case, to relieve suffering and secure temporary ease for his patient, he is, nevertheless, especially called upon to ascertain so far as lies within his power to discover, the causes of disease and the best means of obviating or destroying these causes. It is, therefore, obvious that the science of preventive medicine is necessarily and intimately related to the art of so-called curative medicine. Conceding that the study of prevention and cure should proceed conjointly, it is obvious that he is the most perfect sanitarian, and he is the most accomplished and useful physician who knows most of the prevention of disease, as well as of the nature and correct remedial treatment thereof. The foregoing assertions in reference to the great importance of prevention in medical practice may appear somewhat dogmatic, still I believe that they will receive the assent of every physician who has carefully studied the sub-

jects of hygiene and sanitation and made himself familiar with what has recently been accomplished along this line of work in certain limited localities. I believe it is the consensus of opinion among sanitarians that by the adoption of proper modes of life on the part of both individuals and communities, nearly one-half of all existing diseases are preventable or avoidable, and might be abolished by the judicious exercise of appropriate sanitary measures. There are logical reasons for believing that the present mortality rate might be greatly reduced by a more rigid adherence to the general rules of hygiene and less frequent recourse to the use of poisonous drugs. The saddest pages in the history of all nations are those that record the wholesale sacrifice of human life through ignorance or neglect of the simplest means of preserving health and averting disease. It is no disparagement to the art of healing to state that more human lives have been sacrificed to neglect of the simplest means of conserving health than can have been saved by the most skillful medical and surgical treatment. I deem it of the very first importance, therefore, that the physician when called upon for advice should be able to recommend with confidence the measures to be adopted to preserve the health of men, women and children.

In a large proportion of the cases that come under the care of the medical practitioner it is desirable that he pay special attention to those circumstances which affect the general health of the patient, and to give directions for his guidance in matters that pertain rather to the province of hygiene than to the practice of physic.

Indeed, it very often happens that the only remedial measure which the competent physician feels called upon to prescribe consists of a change from bad to good habits of life, from an unhealthy residence or locality to a healthy one, from intense application

to study or business to repose of mind and complete change of scene and occupation.

In a certain class of cases, change of climate is the logical remedy, and is of more value to the patient than all the drugs mentioned in the *materia medica*. A locality has to be chosen suited to the particular disease or state of health of the patient. By such hygienic regulation of the habits and residences of their patients, physicians are performing their duties by saving many valuable lives which could not be saved by the most skillful exhibition of drugs.

One of the best illustrations of the extent to which ignorance and carelessness nullify the utility of the advances of the knowledge of methods for the prevention of diseases is found in the fact that small-pox still continues to appear here and there as local epidemics, and sometimes with great mortality. If anything is definitely known in preventive medicine, it is that this loathsome malady is a filth-disease. Small-pox is a member of the group of diseases described as zymotic, which thrive only in unwholesome conditions of life, and in common are diminished or prevented by the reduction or removal of these conditions. Long before the time of inoculation and vaccination we find this disease to have been identical in every respect with that of to-day. Small-pox appeared at sundry distant periods, sometimes not returning during an entire century, and was at certain times virulent and at other times mild.

Into whatever country it penetrated, amongst whatever people, it found a home, and wherever its ravages decimated the population, the conditions which favored its development and its diffusion were one and the same. It had its stronghold in filth and claimed its victims where uncleanness and untidiness dwelt under the same roof. Ignorance and superstition have caused man to view this pestilence as a thing

of supernatural origin, and a punishment for national sins, whereas it is too true that smallpox and cholera, like the plagues of centuries past, owe their existence to the unhealthy conditions by which we are surrounded, and to the irregular and unsanitary lives which characterize large numbers of people. Until scientific sanitation began to engage the attention of state and municipal authorities, the plague returned as punctually to the cities of Europe as small-pox did during the last century. At present the percentage of fatality, not only in small-pox, but in all zymotic diseases, is steadily declining as sanitation becomes more rigidly enforced in crowded districts, in spite of the ill-effects of vaccination and other reactionary devices which the doctors from time to time, aided by unjust legislation, have inflicted upon mankind.

Isolation and sanitation have robbed small-pox of all its terrors. In combating the ravages of this pestilence, it must be admitted by all who have carefully studied the subject that the preventive art of medicine (hygienics) has accomplished infinitely more than the remedial. Cleanliness is the great scientific protection against diseases, and especially against the contagion and infection of zymotic or filth-diseases. All other so-called prophylactics or protectives of a medicinal nature are viewed by the practical sanitarian as empirical, unreliable and worthless subterfuges. Pure air, pure water—internally and externally—plain, wholesome food, temperate habits of life, and plenty of exercise in the open air, are nature's health-producing disease-repelling agents. As regards so-called practical hygiene, i. e., the prevention of disease, it is evident that we may try to attain this in two very different ways, since we may either attempt to avoid or remove the causes of disease, or to render the body less susceptible to the action of these causes. Attention to diet, exercise, clothing, place of residence, and

habits of life is a well-known safeguard against disease. It is obvious that hygiene is a subject of scientific interest, not only to the student and to the medical man, but also to the political economist, the legislator and to the people generally. Its discoveries ought, therefore, to be of great practical importance to all. But when we examine the amount of knowledge as to the causes of disease which is actually possessed by the majority of fairly well-informed and intelligent people, and note how much of it is mere vague conjecture, untested theory and baseless assumption, and withal, how hopelessly unconscious these people are of their own ignorance of the subject, and how promptly and confidently they will undertake to advise what should or should not be done to prevent disease, we cannot wonder that the public at large is confused at the very contradictory assertions made to it, and consequently hesitates as to what should or what can be done to prevent disease. The truly scientific sanitarian will promptly admit that his knowledge is scanty and defective, that he cannot assert that the measures he proposes are the best possible measures, but only that they are the best he can at present devise, and that in the present rapid progress in sanitary science and its application for the benefit of mankind, it may be that within a few years, at farthest, some better means may be devised for the attainment of the results desired.

"An Exposition of Sleep."

Michael Doran, who has slept for two years, has been discharged as cured from the Binghamton, N. Y., state hospital. When he was sent to that institution his case puzzled the physicians. He had an uncontrollable desire to sleep and his naps grew longer and longer. All efforts to awaken him proved unavailing and finally he went to sleep and remained in a somnolent state for two years, his only movement being to turn from one side to the other as though restless. It was

imperfect as is our knowledge of the aetiology of disease and the prevention thereof, it is, nevertheless, far in advance of the popular practice, because the means of prevention cannot be had for nothing.

The greatest obstacle the physician encounters in the practice of preventive medicine is the fact that the mass of mankind is unwilling to sacrifice present comfort for possible future benefit. Sanitary measures, to be most effective, should be carried out at those times when laymen see no special cause for anxiety, and often, therefore, appear to involve unnecessary worry and expense. When such measures are most successful their value may be least appreciated. If the expected disease does not appear, the physician's warnings are considered to have been a false alarm, and the precautions taken to have been excessive if not unnecessary.

The friends of the typhoid fever patient, who will not fail to gratefully remember the care and assiduity with which a physician may have treated the patient, would, no doubt, have thought the same physician obtrusive and troublesome had he taken one-half the same trouble to see that the cause of the fever was avoided. That the labor required in the pursuit of personal sanitary measures often becomes in itself a source of pleasure, as for instance in the preservation of personal cleanliness by ablution, and that the expense incurred in most cases is the best possible investment of capital, is not and cannot be appreciated by the masses. It is nevertheless an encouraging sign of the times that in the work of the sanitarian the general public is growing every day more and more interested and more in sympathy with the movement to prevent disease and prolong life.

found necessary to feed him artificially, and he remained in this state until four months ago, when his attendants noticed an occasional flutter of the eyelids. This lasted for several days, and then as a man carrying bread passed through the ward, he asked for "bread," the first word spoken in two years. It was given him, and from that time he recovered rapidly until he was able to go out in the sunshine. This quickly restored the use of his limbs and now he has been discharged as perfectly cured of any desire to take lengthy naps.—Exc.

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Editorial.

THE INSTITUTE AT CLEVELAND.

By an announcement of the President and Secretary we learn that the next meeting of the American Institute is to be held next June at Cleveland, Ohio. The Ohio State Society has given up their meeting in order to meet with the Institute. We are pleased to have the meeting take place in Cleveland. Only one other place was considered, Put-in-Bay, Lake Erie. Put-in-Bay is a very good picnic ground for a day's outing, but its transportation facilities are very poor and the boats that run from Detroit or Toledo make no effort to connect with trains. There are no metro-

politan journals on hand and all convention reports from Put-in-Bay have been very meagre. We think that the Institute should for the present at any rate meet in a city of some considerable size, where our light is not hidden under a bushel of advertising for some watering place. Cleveland is excellently located for drawing a good crowd. Ohio, Michigan, Indiana, Illinois, Pennsylvania and other States should just empty themselves into the meeting and the number of new members joining should break the record.

ANTITOXIN AND TETANUS AGAIN.

The recent deaths from tetanus following vaccination and injections of antitoxin, mentioned in the last Counselor, have stirred up the manufacturers of vaccine virus and antitoxin and they are unanimous in laying the blame either upon the slovenly mode of administration or upon material manufactured and furnished by boards of health.

The manufacturers claim that the virus manufactured by boards of health or that purchased by them upon the sole recommendation of its cheapness, is often impure and unreliable, consequently the bad results. If this accusation is true it is a serious charge against those using a dangerous preparation. School boards and boards of health insist upon the vaccination of children at-

tending school, and in some cases of all adults; in some cities antitoxin is administered by the authorities to all cases of diphtheria whether the patient's friends wish it or not. If it could be proved in those cases that serious results followed the administration of a remedy not up to standard, the authorities would be guilty morally if not legally of manslaughter. Meanwhile in those districts where so much trouble

has been the residents would be justified in resisting all forcible attempts at vaccination or any inoculation by public boards. It is as necessary to protect the public against the ravages of poisoned remedial agents as against small pox or diphtheria. There are plenty of reliable firms furnishing antitoxin and vaccine free from the tetanus poison, and these the health boards should patronize.

ABSCESS OF THE BRAIN.

It is much more rare to find a perfectly circumscribed abscess than a diffuse softening with suppuration.

The causes of this affection are very similar to those of inflammatory softening, such as external violence in young and vigorous subjects, absorption of pus in consequence of operations on distant parts, and especially from the suppression of chronic discharges from the ear.

Of the symptoms, the most important one is headache, the pain of which is acute, persistent, and causes constant complaint from the patient, who, almost always presses his head with his hand, contracts his brows and assumes the strangest positions in the hope of escaping his agony. After the disease has lasted a certain length of time, the pain subsides and even disappears.

The intelligence may be disordered in various ways. Sometimes there is an active, but more frequently a quiet, delirium. At other times there is a marked dullness of the intellect, and the patient has an obtuse manner, does not answer questions, but continues to complain of his head. This hebetude generally follows after previous delirium and agitation.

On the motor side, we may observe convulsions, epileptic-form attacks, or rigidity; or there may be paralysis more or less complete, or merely a weakness and sluggishness of every movement, similar to the hebetude of the brain.

The paralysis does not ordinarily set in suddenly, but sometimes it succeeds soon after the convulsions. The sensibility is not always diminished unless there is simultaneous paralysis.

Sometimes there is fever, with heat of the skin, acceleration of pulse and redness of the face; in other cases there is none.

Vomiting and constipation are far from being constantly present. The respiration is not apt to be affected.

It is supposed that the symptoms of abscess of the brain from external violence are the most decided and active, and that paralysis promptly follows the agitation and delirium. Abscess from disease of the bone of the skull, has less severe and urgent symptoms. That which arises from suppression of a discharge from the ear, follows a slow and insidious course, with but few prominent symptoms.

When the abscess is seated in the grey substance of the convulsions, the delirium and agitation are the most marked symptoms. When it is located in the grey portions of the interior of the brain, rigidity of the limbs and convulsions are the most prominent symptoms. Paralysis is most common when the disease is in the white substance. General paralysis occurs when the collection of pus is in the annular protuberance. When the abscess is in one hemisphere of the brain or cerebellum,

the paralysis will be on the opposite side.

As to remedial agents, it can not be questioned that Antimonium Tartaricum, Cantharis, Rhus Toxicodendron,

Sabina and Phosphorus are truly homeopathic remedies against suppurative inflammation. The solvents of the pus globules are: Kali Carbonica and Baryta Muriatica.
A. G.

Communications.

Cleveland, Ohio, Nov. 1, 1901.

To the Members of the American Institute of Homeopathy:

The American Institute of Homeopathy, in session at Richfield Springs, N. Y., empowered the newly elected executive committee to select the place for the institute's fifty-eighth meeting.

The committee has made choice of the city of Cleveland, O., for the meeting of the institute in the month of June, 1902. We feel assured that after the meeting has taken place the members will agree that the committee's decision is the wisest one that could have been made. In 1899 the institute made Cleveland its first choice for the next succeeding meeting, thus recognizing its eminent fitness. The local profession now desires the meeting. Cleveland has the advantage of being easily accessible by many lines of road from all parts of the United States. This is looked upon as being of the greatest importance in insuring a large attendance. The place of meeting must be accessible. The month of June in Cleveland is one of the most delightful of the year, and weather conditions are likely to be of the pleasantest. The Hollenden House, which will be headquarters, is one of the best hotels in any city in the country. It has made many concessions in the interests of its expected guests. The Hollenden has 500 rooms, and will take splendid care of a large number. There are other first-class hotels near by. All can be suited and all can be accommodated.

There is a very large number of homeopathic physicians in the part of the country tributary to Cleveland, making it a most favorable point for the accession of new members. It is many years since the institute has met in

Ohio, an additional reason in favor of the choice that the committee has made.

It is proper to state that the executive committee is well aware of the fact that there is a strong and widespread sentiment in favor of a "resort" for the institute meetings. Each member of the executive committee shares in this feeling. With this in view an earnest effort was made to find a suitable place of the character. The only one that presented itself was Put-in-Bay Island, in Lake Erie. After a thorough investigation the committee felt compelled to abandon further thought of this place, for the main reason, among others, that it is very inaccessible. Boats do not always make proper connection with trains, often causing long delay. Should the lake chance to be rough, the trip is very objectionable to many people. Therefore, because of its inaccessibility, the committee became convinced that it was undesirable to make choice of the Lake Erie island resort.

In making the above announcement of its final choice, the executive committee entertains the confident assurance that the meeting of the institute to be held at Cleveland, June 17-21, 1902, will take its place among those which have been the most successful, the most profitable and the most largely attended.

JAS. C. WOOD, M. D.,
President-Elect.

CH. GATCHELL, M. D.,
Secretary-Elect.

Cincinnati, Ohio, Nov. 12, 1901.

Members of the Homeopathic Society of Ohio:

President J. C. Wood informs us that the American Institute of Homeopathy will meet in Cleveland during the week beginning June 17, 1902. Through the courtesy of one of your ex-Presi-

dents, we are informed that it is the custom in those States in which the American Institute of Homeopathy meets to adjourn their meeting for that year. This is done that attendance at the American Institute may be better than if the interests were divided, as they would be in case we meet in May, 1902, and the American Institute the following month.

With this in view, correspondence with your officers prompts us to submit the following:

"In view of the foregoing, the officers of the Homeopathic Medical Society of Ohio have decided to postpone the next meeting from May, 1902, to May, 1903. The officers will remain the same under Article 5 of our Constitution. If sufficient number of protests from members are received by December 1, 1901, the action herein outlined will be null and void. If legislative or other business matters demand reconsideration later, that also can and will be done."

THOMAS M. STEWART,
President.

Obituary.

Dr. Walker, Jr., of Salem, Mich., died Nov. 26 of scarlet fever, aged 26 years. He had been in the best of health up to the time of the onset of the disease, having been away from home on a visit when he was seized by the fatal malady. It was of virulent type, and only great strength and vigor enabled him to resist its onslaught during the two weeks of his illness. Dr. Walker was a graduate of the Homeopathic Department of the U. of M., class of 1900, and had later held a position on the staff of the hospital.

He was a young man of ability and character, and gave promise of success in his chosen profession. He was the only remaining son of his parents, Drs. A. L. and Jane Walker, their other son having died about a year ago, and they have the deepest sympathy of their

many friends in this second severe affliction. The Counselor wishes to add its sincere condolence in their bereavement.

Infection from Thermometers.

How far is there ground for fear of the transmission of contagious diseases by means of thermometers? M. Rosenberger made up his mind to ascertain this point, and with that view undertook a series of experiments. Having poured into a receptacle of sterilized glass half the contents of a test-tube filled with some nutritive substance, such as liquefied isinglass, he brushed with it each thermometer to be tested, using a small glass brush previously passed through the flame of a Bunsen burner, taking care to hold the instrument above the receptacle. He then bathed the thermometers for some minutes in the remainder of the liquid, and afterward emptied the test portion into the receptacle. In eight cases the thermometers had been used before the experiment to take the buccal temperature of patients suffering from bronchopneumonia, diphtheria, tuberculosis, rheumatism or puerperal fever. In 19 other cases the temperature had been taken under the armpits:

The two series of experiments were directed to those instruments which had not been disinfected after being used. As a counter-test he set up a third category of experiments, in which, after having withdrawn the thermometer from the mouth of a patient, it was washed in water and then plunged for two minutes in a solution of bichloride of mercury, dried and replaced in its case, in order that it might be tested from one to three hours later.

In the eight cases in which care had been taken to disinfect the thermometer not a single microbial colony was obtained, whereas the 27 other experiments, which consisted in subjecting the instruments to the same trial with-

out previously submitting them to the action of an antiseptic, all gave positive results.

Operations Without Consent.

According to a ruling in Chicago by Judge Kavanagh, a surgeon may perform an additional operation without the consent of his patient, if during the first operation he discovers a condition of the internal organs which renders the second one necessary to preserve the life of the patient.

The decision was rendered in the case of Mrs. Agnes Muehern against the Post-Graduate Medical School and Hospital. Mrs. Muehern was operated upon by one of the professors of the college, and while she was under the influence of an anaesthetic a condition as indicated was discovered, and a second operation was performed. When she regained her health, she brought suit against the college.—Med. Rev. of Reviews.

Pathogenesis of Rickets.

E. Pritchard, M. D. (Archives of Pediatrics), reaches the following conclusions as to the pathogenesis and treatment of rickets.

1. The symptoms of rickets are such as can be explained by the presence of an excess of lactic and similar acids in the system.

2. Excess of lactic acid can be generated when the food supply (carbohydratic chiefly) is relatively excessive, or when the available oxygen is relatively deficient.

3. Infants fed on excessive diets can develop symptoms of rickets, although no element necessary for metabolism is absent from the food.

4. Such cases can be cured by reducing the food to normal proportions without in any other way altering their treatment.

5. The cause of rickets in these cases, and probably in all cases, is excess of some element, and that element

probably carbohydrate.—Medical Review of Reviews.

Notes.

In a recent collision upon the Wabash railroad, a few miles beyond Adrian, Mich., some fifty to seventy-five persons were killed, an unknown number of immigrants being cremated. The Detroit Homeopathic College is but one block from the Wabash station, Detroit, and on the evening of the wreck, word was sent to the college for aid to go to the scene of the collision. Dr. S. H. Knight, of the College Faculty, and a number of the students left on the emergency train sent out by the Wabash, and remained all night at the wreck.

By an explosion of a boiler at the Penberthy Injector Works last month in Detroit some thirty lives were lost and some fifty persons injured. These works were situated only five blocks from the Detroit Homeopathic Medical College, and the students from the college rendered very efficient services in caring for the injured on the ground and worked heroically in helping to rescue the workmen buried in the ruins of the building.

Dr. Alfred Graham, one of our associate editors has just returned from Harriman, Tenn., where he delivered his annual course of lectures to the senior law class of the American University on the subject of medical jurisprudence.

Dr. Rollin H. Stevens is the latest of the medical profession to become interested in the silver mines of Colorado. The doctor leaves this month for a visit to some new prospects and will be present at the organization of a new company in Denver.

Dr. R. Milton Richards has located his down town office in the Valpey Building, 213 Woodward ave., where he may be found daily from 2 to 4 p. m.

Book Reviews.

Electro Therapeutical Practice—A ready reference guide for physicians in the use of electricity. 5th edition; by Chas. S. Neiswanger, Ph. G., M. D., Professor of Electro-Therapeutics, Illinois Medical College, Chicago. Published by E. H. Colgrove, M. D., Chicago. Price, \$1.50.

The beauty of this work is its brevity and yet not at the expense of comprehensibility. The author wisely omits the great amount of ultra scientific matter usually found in books of this character, and contents himself with the insertion of such rudimentary physics as apply to electro-therapy. One half of the work is taken up with a description of the various currents, while the latter half is devoted to the therapeutical application to the various conditions in which electricity is indicated—such conditions being alphabetically arranged which, in the absence of an index, renders it easy for the reader to locate the desired information. The book is bound in flexible morocco, and is interleaved so as to enable one to insert his own observations, or the practical results of others. The price is within reach of all, and is reasonable, considering the value of the book.

R. M. R.

Blakiston's Physicians' Visiting List for 1902. Published by P. Blakiston's Son & Co., Phila. For 25 patients a day or week, \$).00; 50 patients a day or week, \$1.25.

This is the fifty-first year of this visiting list, and the publishers claim for it excellence guaranteed by its long existence in the market. Its virtues are simplicity and compactness. Besides the pages allotted to visits, it contains a calendar for 1902 and 1903, metric system of weights and measures, and tables for converting English measures into French; tables of doses, emergency prescriptions and methods; blank leaves for accounts, obstetrical engagements, cash account, etc. It is made up in pocketbook form, with tucks, pocket and pencil.

Electricity in Medicine and Surgery. By Wm. Harvey King, M. D., of New York. With a section on Electro-Physiology, by W. Y. Cowl, M. D., of Berlin, Germany; and a section on the Bottini Operation, by Alfred Freudenberg, M. D., of Berlin, Germany. Pp. 296; price,

\$3.50 net. Boericke & Runyon Company, New York, publishers.

Dr. King has been long favorably known in our school as an expert in the use of the electric current, and Dr. King's new book further adds to his reputation. The book begins with electrophysics and from the simplest principles to the most complicated electrical problems the whole subject is most lucidly explained. From electro-magnets and currents we advance to the X-ray and electro-therapeutics. Dr. King's work with the X-ray was the earliest attempt in our school to investigate the subject and make popular its use among the profession. Following the chapters on the X-ray are chapters describing the application of electricity to the various diseases of the human anatomy.

The chapter on the Bottini operation for enlarged prostate is written by Albert Freudenberg, M. D., the one man who has made the operation the grand success it is to-day. The operation has been a great advance in the treatment of prostatic troubles and this chapter is one of great interest.

Dr. W. Y. Cowl, who writes the chapter on electro-physiology, was at one time member of the faculty of the N. Y. Homeopathic College, but who now spends his whole time in scientific work in Berlin.

The Practice of Medicine—By A. C. Cowperthwaite, M. D., Ph. D., LL. D., Professor Materia Medica and Therapeutics, Chicago Homeopathic Medical College; author of "Text Book of Materia Medica and Therapeutics," "A Text Book of Gynecology," "Insanity in its Medico-Legal Relations," etc., etc. Including a section on Diseases of the Nervous System, by N. B. Delamater, M. D., Professor Mental and Nervous Diseases, Chicago Homeopathic Medical College. Cloth, \$6.00. Morocco, \$7.00. Halsey Bros Co., Chicago.

In entering this somewhat, for him, new field Prof. Cowperthwaite has scored an unqualified success and added a valuable work to our already rapidly growing homeopathic literature. The advent of this volume relieves the homeopathic student or practitioner of the necessity of purchasing any allopathic work on practice. The author in his preface acknowledges that his pathology, etiology, bacteriology, etc., are gleaned

from other works, as also many of the diagnostic tables contained in the body of the work, and they add much to the value of the book. These are departments of medicine common property of us all and we have to accept the work of other laborers in another field. Contrary to his best judgment, Prof. Cowperthwaite has yielded to the solicitation of others and indicated the potency of remedies suggested in his paragraphs on treatment. This hardly adds to the work, especially as most always it is the 2x, 3x or 6x. Potency is a matter of experience personally, and even when the remedy is equally well indicated, not always will the same potency act the same. Dr. Cowperthwaite has wisely omitted a lot of old school treatment often found encumbering homeopathic works. It is of little value to homeopaths, and is often out of date for the old school before the ink on the pages is dry. Just enough of this is found in the work to be of service. The general make-up of the book is good, printing clear, but like most of the cloth-covered books of to-day the binding is not solid enough.

In speaking of the treatment of appendicitis the author claims to have had many cases and never yet required the services of a surgeon, though not prejudiced against surgery. We are pleased to see so eminent authority stand out against the popular desire to mutilate the body just because in a fair number of cases it can be done safely. Belladonna, Bry. and Merc. Sol. are a trio that the knife will find hard to beat. Antitoxin, the author considers, as a direct antidote to the diphtheretic poison and an adjunct to and not a substitute for the homeopathic remedies.

The section upon typhoid fever is one of the best in the volume, though we are inclined to use milk as a diet less and less as our experience grows more extensive.

Prof. N. B. Delamater has written the part of the book devoted to nervous diseases. His reputation in that line of study is such that comment is unnecessary. This part of the work agrees in its general character with that written by Prof. Cowperthwaite.

We wish to congratulate the author upon an epoch-making work in homeopathic literature. For clearness of style we know of no other work on practice that surpasses it; in value to the homeopathic student there is none other that equals it. It will soon have

a place in the library of every homeopathic practitioner.

An International System of Electro-Therapeutics. For students, general practitioners, and specialists. By numerous associated authors. Edited by Horatio R. Bigelow, M. D., permanent member of the American Medical Association; Fellow of the British Gynaecological Society and of the American Electro-Therapeutic Association; member of the Philadelphia Obstetrical Society, of the Societe Francaise d'Electro-Therapie, and of the Anthropological and Biological Societies of Washington, D. C.; author of "Gynaecological Electrotherapeutics," and "Familiar Talks on Electricity and Batteries." Second Edition. Revised and brought up to date, with several new departments embodying the most recent developments of the Science. Edited by G. Betton Massey, M. D., ex-president and fellow of the American Electro-Therapeutic Association; member of the American Medical Association; author of "Conservative Gynecology and Electro-Therapeutics," etc. Thoroughly illustrated. Royal octavo. Pg. x-1147. Prices net, delivered, extra cloth, \$6.00; sheep, \$7.00; half russia, \$7.50. Philadelphia: F. A. Davis Company, publishers, 1914-16 Cherry street.

Dr. Massey is known as one of the foremost practitioners skillful in the use of electricity in America and his revision of this well known work makes it a valuable addition to the library of all physicians using electricity as a therapeutic measure. The book covers the whole subject from the simplest beginning of electrical principles to complicated diagnostic work. The different subjects are written upon by men of international reputation and are clearly and fully elaborated. Among the special articles may be mentioned that on the X-ray, the electrical treatment of aneurism, the cataphoric treatment of cancer, diseases of the uterus, uterine appendages, etc.

Manual of the Essentials of Diseases of the Eye and Ear. By J. H. Buffum, M. D., Professor of Ophthalmology and Otology in the Chicago Homeopathic Medical College; Ophthalmic and Aural Surgeon to the Chicago Homeopathic Hospital and Dispensary; Consulting Oculist to the Chicago Baptist Hos-

pital, etc., etc. With illustrations in black and chromo-lithograph. Chicago, Halsey Bros. Company, 1901.

Only five years since, it was our pleasant privilege to review this excellent little book, and the fact that in so short a time another edition is necessary to meet the demand for it, is the best possible evidence of its popularity. It goes without saying that after five years, some emendations and additions might have been made, but, doubtless, from lack of time or health on the part of the author, the second edition is an exact reproduction of the first. We cannot help wishing we could have received the benefit of the distinguished author's latest observation and research, but welcome it cordially as it is, looking forward to a thoroughly revised edition at some future time. We extend our congratulations to both the writer and publishers of the book, upon its success. MAC L.

"International Clinics"—A quarterly of clinical lectures and especially prepared articles on medicine, surgery, therapeutics, obstetrics, etc., edited by Henry W. Cattell, A. M., M. D. Vol. III., Eleventh Series. Pp 300. Price \$2.00. J. B. Lippincott Co., Philadelphia.

This work is not a review, nor in any way clippings from the journals, but clinical lectures, especially prepared by the foremost men, not only of the United States but throughout the world, to give practical help to the general practitioner. Among the interesting articles in this number is one by Valdemar Bie, M. D., Dr. Finsen's assistant detailing Finsen's method of Phototherapy; Antitoxin Sera, by J. W. H. Eyre, M. D.; Cardiac Disease, by James J. Walsh, M. D.; Clinical Treatment of Inebriety, by T. D. Crothers, M. D.; Localization of Nervous Lesions, by Alfred Weiner, M. D.; Appendicitis, by three authors; Gall Stones, by Howard Lillenthal, M. D.; Hernia, by Thomas H. Manley, etc.

These articles are all written by men the foremost in their different branches and embody the latest facts and theories in the various departments. Many of these are in advance of anything found in the most recent text books.

Practical Medicine. F. Mortimer Lawrence, A. M., M. D., Asst. in Practice

of Medicine Hahnemann Medical College, Philadelphia; Chief of Medical Clinical School, Hahnemann Hospital Dispensary, etc. Pg. 500. Price, \$3; mail \$3.25. Boericke & Tafel, Philadelphia.

The author sets forth that this book is intended for students and sets forth concisely the fundamental facts requisite to the successful practice of medicine. The work as a whole is based upon the teachings of Prof. Goodno.

True to his statement, the author has made neither a "practice" nor a "quiz compend" but a manual which could take the place of lecture notes for the student. Symptoms of disease, pathology, and diagnosis, are fairly well gone over in its pages. Treatment in most cases is hinted at rather than fully elaborated. Altogether the student will find enough in the book to furnish a good solid foundation for the superstructure he will put on it when he starts in practice.

Publishers' Department.

The up-to-date physician uses anti-toxin in the treatment of diphtheria, of course, and in view of its very nature he is justified in demanding that the product which he uses shall satisfy the most rigid requirements for purity. An advantage which Stearns' diphtheritic anti-toxin possesses over all others is the fact that it can be administered directly from the original bulb, without transference of the serum to a syringe. This avoids any possible contamination from an imperfectly cleaned syringe. Then, too, the whole operation of preparing the serum from first to last is under such careful supervision and is submitted to tests so severe that the purity of the finished serum is as certain as anything can be.

The Captain of the Gray Horse Troop.

The Tetong Indian Reservation is the scene of Mr. Hamlin Garland's new novel of western life, which he calls "The Captain of the Gray Horse Troop." Mr. Garland's hero is a young

PUBLISHERS' DEPARTMENT.

army officer who has been detached from his regiment and sent to relieve a dishonest Indian agent. The resourceful captain's guardianship of an Indian tribe beset by starvation and driven to desperation by cattlemen and politicians if full of dash and adventure. The daughter of a United States Senator, a land grabber of the worst sort, and the captain's sworn enemy, is Mr. Garland's heroine. The story is a powerful and vivid picture of reservation life, glowing with color and fairly alive with action.

"The Captain of the Gray Horse Troop" will appear serially in The Saturday Evening Post, of Philadelphia, the opening installment being scheduled for the issue of December 14. The story has been illustrated with spirited pictures by Messrs. Frederic Remington and Jay Hambidge.

Ocean Steamship Tickets.

Owing to the cold weather that has just set in many people will leave for a warmer climate. Bermuda, Porto Rico, Cuba, Jamaica, Italy, Algiers and Egypt are the usual attractions. Porto Rico is becoming very popular as a winter resort. C. L. Leidich's Ticket Office, 404 Chamber of Commerce, is kept busy now.

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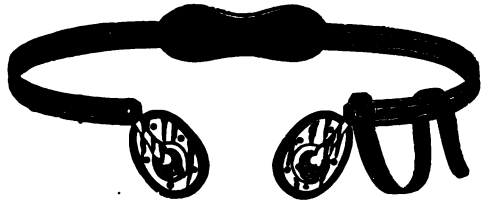
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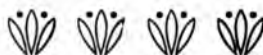


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